



Release of Information

I understand that Simplex Tax has an obligation to keep my personal information, identifying information, and records confidential. I understand I can choose to allow One on 1 Tax to release some of my personal information to certain individuals or agencies.

I, (Client name) _____

Authorize Simplex Tax and Accounting to share information with

Person _____

Relationship _____

Agency/Office _____

FMS Federal Management Service _____

The information may be shared:

___ by phone ___ by fax ___ by mail ___ by email* ___ in person

I understand that electronic mail, email, is not confidential and can be intercepted and read by other people.

Information to be shared: _____

Client: _____

Date: _____

Witness _____

Date: _____

SIMPLEX TAX AND ACCOUNTING
1815 Big Run Rd, Wallingford KY 41093