

Flavin & Associates, Inc

Enrolled Agents

Taxes, Bookkeeping & Notary

P.O. Box 850 • 20707 N. Sunshine Rd.
Soulsbyville, CA 95372-0850

(209) 532-4053 • FAX (209) 532-5209

www.flavinea.com • Email: tax@flavinea.com

Enrolled to represent taxpayers before the Internal Revenue Service

Date:

Name:

Address:

City, St, Zip:

Tele:

To Flavin and Associates Inc.

ATTN: _____

PO Box 850

Soulsbyville, CA 95372

209 532-4053

Fax 209 532-5209

The IRS has recently added provisions to the tax code that are designed to protect the confidentiality of personal tax information and ensure that you are aware of anyone who is requesting your tax information. By signing this document, I (we) are giving Flavin and Associates Inc. permission to provide a copy of my:

_____ (year or years) Form 1040 Individual Income Tax Return

to _____

by fax # _____

or mail to _____.

For the purpose of: _____.

Signed:

Signed:

Date:

Date: