



# PANFILI FINANCIAL SERVICES, INC.

PROVIDING DIRECTION FOR YOUR FINANCIAL FUTURE

TREMONT PROFESSIONAL BUILDING  
104 TREMONT STREET, SUITE 240  
PORT ORCHARD, WA 98366  
VOICE (360) 895-1041  
FAX (360) 874-7485  
ED@INVESTORFAN.COM  
MARGO@INVESTORFAN.COM

## CONSENT TO DISCLOSE TAX RETURN OR INVESTMENT ACCOUNT INFORMATION TO A THIRD PARTY

Your Name(s): \_\_\_\_\_

Name of Third Party: \_\_\_\_\_

Method of Delivery (please provide email address, fax number or mailing address)

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

(please provide password for email security purposes): \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

Describe information to be disclosed:

- Tax Return(s): Tax Period or Year(s): \_\_\_\_\_
  - All pages filed with the IRS
  - Only the following pages: \_\_\_\_\_
  - Include supporting documents: (K-1s, W-2s, 1099Rs, other): \_\_\_\_\_
- Investment Account Statement(s) For what time period(s): \_\_\_\_\_
- Other: \_\_\_\_\_

In general, we are not authorized to disclose your tax return or other information to third parties. We may only disclose your information to third parties if you consent to each specific disclosure. We will not disclose the information for any purpose other than what is stated in this consent, unless required by law.

**Warning:** Once your information is disclosed to a third party, per your consent, we have no control over what that third party does with your information. If the third party uses or discloses your information for purposes other than the purpose for which you authorized, we are not responsible for the unauthorized use of your information.

By signing and dating below, you authorize **Panfili Financial Services, Inc.** to disclose your information, as described above, to the third party named above. Information disclosed will be provided only to the third party listed on this form and will only apply to the items specifically listed on this form. If your tax return(s) were jointly filed or if your investment account(s) were jointly owned, then both signatures are required below.

I/We understand that there will be a special handling fee of \$25 per request.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_