INFORMATION RELEASE WAIVER FORM

I, _____, and _____ (spouse), authorize Larry's Income Tax & Bookkeeping Service, Inc. and its employees to release the following records/ information via fax/mail/e-mail/phone to the recipient(s) below. I (we) release Larry's Income Tax from any harm and responsibility the dissemination of such records may cause us and/or our business.

I (we) further agree to the following fees:
**All copies of income tax returns, regardless of delivery method, $35 per return, per tax year.*
**Other documents sent consisting of more than 10 pages will be billed at $1/sheet.*
**Calls/meetings will be tracked and billed in 15 min. increments at a rate of $150/hr. No charge if the entire matter is concluded in under10 minutes. All subsequent calls/meetings regarding the same issue will increase the total time spent on the matter and will result in additional charges.*

_____ _____
Taxpayer Signature Date

_____ _____
Spouse Signature Date

Please list what is to be discussed/faxed/mailed/e-mailed below and with whom you authorize us to share the information. Please fill any applicable charges, per statement above. We will need to make payment arrangements with you prior to transmitting any tax returns.

Documents/issues to be faxed, mailed, e-mailed and/or discussed:	Charge ($)
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
Total	$_____

Recipient(s) of information	Fax Number/E-Mail Address
_____	_____
_____	_____
_____	_____