

CONSENT TO DISCLOSE TAX RETURN INFORMATION FOR PURPOSES OTHER THAN TAX RETURN PREPARATION

In accordance with Treasury Regulation Section 301.7216-3, Revenue Procedure 2008-35, & Revenue Procedure 2013-14

Client Name: _____ Client Phone Number: _____

Spouse's Name: _____ Spouse's Phone Number: _____

I authorize the disclosure of my tax information to the below indicated party
(If a mark is inside the "()" this indicates **YES**, leaving it unchecked indicates **NO**)

Information to be disclosed:

_____ Tax Return Business/Personal Other Information: _____
Tax Year(s) (circle)

Person(s) to whom disclosure is authorized:

Name: _____ Company: _____

Phone: _____ Fax: _____

Email: _____

The manner in which information is to be disclosed:

Via Phone conversation Person to Person meeting U.S. mail Via Email (encrypted portal Fax

The period of time this authorization and consent covers:

one week one month one year other

For the period of time it takes to disclose/communicate information requested

Authorization to provide additional information,

authorization is given to provide additional information related to the initial inquiry without an additional amended authorization

authorization is given to respond to inquiries via telephone or encrypted file via email

authorization is withheld or rescinded

*Federal law requires this consent form to be provided to you. Unless authorized by law we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Do not sign this form if you have not read it and understood what it asks for, and the permissions you are giving.

Taxpayer's name (printed)

Spouse's name (printed)

Taxpayer's signature

Date

Spouse's signature

Date

Office use only: Received _____

Initials _____

Delivered _____