

Taxpayer Electronic Signature Consent and Authorization Form

This form authorizes the electronic filing of your tax returns and confirms your consent to use an electronic signature for your tax documents. Please review, complete, and print this form for your records.

1. Taxpayer Information

Primary Taxpayer Full Name:

Social Security Number (SSN) or ITIN:

Street Address:

City, State, and ZIP Code:

Phone Number:

Email Address:

2. Spouse Information (If Filing Jointly)

Spouse Full Name:

Spouse Social Security Number (SSN) or ITIN:

3. Consent, Disclosure, and Authorization Statement

By signing below, I (and my spouse, if filing jointly) consent to the electronic preparation, transmission, and filing of my federal and state income tax returns. I agree that my electronic signature is the legally binding equivalent of my handwritten signature.

I declare under penalties of perjury that I have examined the information on my electronic tax return, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

4. Signatures

Primary Taxpayer Electronic Signature (Type Full Name):

Date (MM/DD/YYYY):

Spouse Electronic Signature (Type Full Name - If Joint Return):

Date (MM/DD/YYYY):