

Consent to Disclose Tax Return Information

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. 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 to engage our tax preparation services. If we obtain your signature on this form by conditioning our tax preparation 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 from the date of signature.

1. Taxpayer Information

Primary Taxpayer Full Name:

Spouse Full Name (if joint return):

Street Address:

City, State, and ZIP Code:

Phone Number:

2. Tax Preparer Information

Tax Preparer/Firm Name:

Preparer Address:

3. Recipient of Disclosed Information

We will disclose your tax return information to the following person or organization:

Recipient Name / Organization:

Recipient Address:

Recipient Contact Person:

4. Information to be Disclosed and Purpose

Tax Year(s) to be Disclosed:

Specific Information to be Disclosed (e.g., Form 1040, schedules, W-2s):

Purpose of the Disclosure (e.g., mortgage application, loan qualification):

Consent Expiration Date (Optional - defaults to 1 year if left blank):

5. Authorization and Signatures

By signing below, you authorize the Tax Preparer named above to disclose to the Recipient named above your tax return information for the tax years and purposes listed.

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

Primary Taxpayer Signature:

Date Signed:

Spouse Signature (Required if joint return):

Date Signed: