

# GENERAL TAXPAYER CONSENT TO DISCLOSE TAX INFORMATION

Authorized under Internal Revenue Code Section 7216 and general disclosure regulations.

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## 1. Taxpayer Information

Taxpayer Full Name:

Social Security Number / ITIN:

Street Address:

City, State, ZIP Code:

Telephone Number:

Email Address:

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## 2. Recipient Information (Who is receiving your information)

I authorize my tax preparer to disclose my tax return information to the third party listed below:

Name of Recipient/Organization:

Attention (Contact Person):

Street Address:

City, State, ZIP Code:

Telephone Number:

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## 3. Scope of Disclosure

Tax Year(s) / Period(s) to be Disclosed:

Specific Documents to Disclose (e.g., Form 1040, Schedule C, W-2s):

Purpose of Disclosure (e.g., mortgage application, financial planning, legal proceedings):

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## 4. Authorization and Consent

By signing below, I/we authorize the disclosure of our tax return information for the specified tax year(s) and purpose(s) to the recipient identified above. I/we understand that once my tax return information is disclosed to the recipient, my tax preparer has no control over what the recipient does with the information.

This consent is valid until this specific date:  (If left blank, this consent is valid for one year from the date of signature.)

Primary Taxpayer Signature:  Date:

Spouse Signature (if joint return):  Date:

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*Note for Print: Please sign and date this form by hand after printing.*