

## Consent to Disclose Tax Return Information

Taxpayer Name: \_\_\_\_\_

Authorized Party Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

The taxpayer named above has requested that AccuCountants Professional Services (“the firm”) disclose the below listed tax returns to the authorized party named above:

\_\_\_\_\_.

Please note that Federal law requires this consent form to be provided. Unless authorized by law, the firm cannot disclose, without the taxpayer’s consent, tax return information to third parties.

This consent authorizes the firm to disclose a copy of the entire tax return and all information contained within the tax return to the authorized party. However, the taxpayer may request the firm provide a more limited disclosure of such tax return information to the authorized party in accordance with the taxpayer’s direction by including an attachment to this authorization defining the limitations.

The undersigned hereby authorizes the firm to disclose to the authorized party the taxpayers tax return, or that portion of the tax return information limited by the following attachments:

\_\_\_\_\_.

Signed Taxpayer: \_\_\_\_\_

\_\_\_\_\_

[Taxpayer Printed name]

Signed Spouse: \_\_\_\_\_

\_\_\_\_\_

[Spouse Printed name]

Note: 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](mailto:complaints@tigta.treas.gov).