

# Consent to Disclosure Tax Return Information for Purposes Other than Tax Return Preparation or Auxiliary Services

(See Rev. Proc. 2013-14 Section 5.06 for information about disclosures and signature requirements)

Client Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_ Spouse's Phone Number: \_\_\_\_\_

I / we understand that if a joint return was filed that both parties need to sign this release. I / we authorize the disclosure of my / our tax information to the below indicated party (if a ☒ mark is indicated inside the "( )" this indicates **YES**, leaving it unchecked indicates **NO**)

Information to be disclosed:

( ) \_\_\_\_\_ Tax Return ( ) Other information: \_\_\_\_\_  
Tax Year(s)

Person(s) to whom disclosure is authorized:

Name \_\_\_\_\_ Company \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Fax \_\_\_\_\_ Portal \_\_\_\_\_

The manner in which information is to be disclosed:

( ) Via telephone conversation ( ) Person to person meeting ( ) Fax  
( ) Via email ( ) Portal ( ) Via U.S. mail

The period of time this authorization and consent covers:

For a period of ( ) one week ( ) one month ( ) one year ( ) other \_\_\_\_\_  
( ) For the period of time it takes to disclose / communicate information requested

Authorization to provide additional information or respond to inquiries

Should the parties identified above request additional information,  
( ) authorization is given to provide additional information related to the initial inquiry without an additional or amended authorization  
( ) authorization is given to respond to inquiries via telephone or email or portal  
( ) authorization is withheld or rescinded

"Federal law requires this consent form 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."

**Although this consent allows full disclosure of an entire return, I understand that I may request a more limited disclosure of tax information and the tax preparer must comply with such limitations.**

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).

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

Signed:

\_\_\_\_\_  
Taxpayer's Name (printed)

\_\_\_\_\_  
Spouse's Name (printed)

\_\_\_\_\_  
Taxpayer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

Office Use Only: Received \_\_\_\_\_ Initials \_\_\_\_\_