

# CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

\_\_\_\_\_ ("we," "us," and "our")

Printed name of tax preparer

Federal law requires this consent form 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 return preparation services. If we obtain your signature on this form by conditioning our tax return 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.

You have indicated that you are interested in purchasing audit protection from Tax Protection Plus, LLC. In order to facilitate this agreement, we must disclose your 2018 tax return information to Tax Protection Plus, LLC. You may request a more limited disclosure of tax return information, but you will not be eligible to purchase audit protection.

If you would like us to disclose your 2018 tax return information to Tax Protection Plus, LLC for this purpose, please sign and date your consent to the disclosure of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to Tax Protection Plus, LLC your 2018 tax return information necessary so that they can evaluate and process your request for an audit protection product. You understand that if you are not willing to authorize us to share your tax information with Tax Protection Plus, LLC, you will not be able to obtain an audit protection product, but you can still choose to have your tax return prepared and filed by us for a fee.

Printed name of taxpayer: \_\_\_\_\_

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of joint taxpayer: \_\_\_\_\_

Joint taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).