

## 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 Refund Point from Refund Point. In order to facilitate this arrangement, we must disclose all of your 2016 tax return information to Refund Point. You may request a more limited disclosure of tax return information, provided that you authorize disclosure of all the information required by Refund Point to consider your application.

If you would like us to disclose your 2016 tax return information to Refund Point 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 Refund Point all of your 2016 tax return information so that Refund Point can evaluate and process your application. You understand that if you are not willing to authorize us to share your tax information with Refund Point, you will not be able to obtain Refund Point from Refund Point, 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 email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).