

## CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

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.

Please complete: (To be completed by the taxpayer.)

- Purpose for forwarding information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Name and address to whom the information is being disclosed to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- This consent is effective until revoked in writing or until Fuller, Frost & Associates, CPAs, PC no longer prepares income tax returns.

I, \_\_\_\_\_, authorize Fuller, Frost & Associates, CPAs, PC to disclose to \_\_\_\_\_ all tax returns and financial statements, if applicable, prepared by Fuller, Frost & Associates, CPAs, PC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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 1-800-366-4884, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

Client Name \_\_\_\_\_

Client Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

This information may be transmitted to the third party electronically unless you opt-out by checking here: \_\_\_\_\_.