

**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. This consent authorizes the disclosure of a copy of your entire tax return or all information contained within your tax return. However, you may request that we provide a more limited disclosure of such tax return information in accordance with your direction. 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.

The purpose for disclosing information is \_\_\_\_\_  
\_\_\_\_\_

The name and address to whom the information is being disclosed to is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of consent: \_\_\_\_\_

I/We, the undersigned taxpayers authorize O'Donnell, Bonebrake & Co., P.C. to disclose to \_\_\_\_\_ my tax return information for 200\_.

(Both spouses must sign, if joint return.)

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Printed Name		_____ Printed Name	

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov)