

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:
Name:
Address:

Phone
Fax
- Duration of Consent: _____

I, _____ authorize Cristina Andreana, CPA and ACT Financial and Tax Services, LLC to disclose to _____ my information as detailed above for the year(s) _____.

Signature: _____ Date: _____

Signature*: _____ Date: _____

* If returns were filed jointly, both signatures are required.

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