

# CONSENT FOR DISCLOSURE TO THIRD PARTIES

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.

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).

Name(s): \_\_\_\_\_ Birth Date \_\_\_\_\_  
\_\_\_\_\_ Birth Date \_\_\_\_\_

**Information to be released (required):**

- Complete Income Tax Return(s) (To authorize release of limited tax return information, use "Other")
- Payroll Tax Return(s)                       Financial Statements(s)     Depreciation Schedule(s)

For the year(s)/period(s) \_\_\_\_\_

- Other (including limited tax return information) \_\_\_\_\_

**Designated Recipient/User of Confidential Information (required)** Please provide delivery instructions such as a complete mailing address, fax number with "attention" line, or e-mail address with password. If no password is specified for e-mail, we will use the federal ID with hyphens removed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose for Consent (required):**

- Credit Application or Maintenance                       Financial Planning                       Estate Planning
- Legal Consultation     Other: \_\_\_\_\_

**Duration of Consent:**                       One year                       Other: \_\_\_\_\_

I hereby consent to the disclosure by **MCLR Financial Center** of the confidential information identified herein to the third party(ies) designated above for the purpose(s) given. This information may not be disclosed or used by **MCLR Financial Center** for any purpose (not otherwise permitted under IRS Regulation § 301.7216-2) other than that stated above. By my signature, I declare that I have the legal authority to grant this consent

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(printed name unless signing as individual)

\_\_\_\_\_  
(title)

Request Fulfilled (Date) \_\_\_\_\_

Document Scanned (Date) \_\_\_\_\_