

FREYBERG HINKLE  
ASHLAND POWERS & STOWELL SC.

Certified Public Accountants

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION**

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 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.

You have requested your \_\_\_\_\_ (tax year) tax return and related information to be released to \_\_\_\_\_ (recipient name), \_\_\_\_\_ (address) for the purpose of \_\_\_\_\_ (reason). To comply with your request, we will release your tax return information, as indicated below. If you would like us to disclose your tax return information, please check the following box, and sign and date and return this consent form to us.

- I (We), \_\_\_\_\_ (name), authorize FREYBERG, HINKLE, ASHLAND POWERS & STOWELL, sc to disclose to \_\_\_\_\_ (recipient name) my (our) tax return information for \_\_\_\_\_ (tax year) (including my (our) entire return) that is necessary to comply with my (our) request to furnish this information to \_\_\_\_\_ (recipient name). I (We) understand I (We) have the right to limit the consent to specific information, not just to authorize disclosure or use of the entire return. If I (We) am limiting the information released, the limitations are specified below. Recognizing that right, I (We) consent to the disclosure of my (our) entire return, unless otherwise indicated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (joint return filer)

\_\_\_\_\_  
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 a 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov)