

MICHIGAN CITY LOCATION

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VALPARAISO LOCATION

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CONSENT TO DISCLOSE 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. 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 from the date of signature.

[to be completed by the taxpayer]

1) Purpose for forwarding information:		
2) Name and contact information to whom the information is being disclosed to:		
Name:		
Address:		
Phone / fax / email:		
3) Duration of consent: #	year(s) #month(s)	#day(s)
I authorize CLH to disclose:		
Personal tax return information for	name(s) of individual(s)	for year(s)
Business tax return information for	name(s) of business(es)	for year(s)
Signature:	D	ate:

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