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## **Consent to Disclose Income Tax Forms or 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 written 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 tax return preparation 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.

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.

Duration of Consent (optional):	
I,	[taxpayer]
authorize	, of Jack Skehan and Associates,
to disclose:	
[tax return i	nformation to be disclosed]
my tax return information	for tax year
to:	[identify recipient] for the
purpose of:	
[specify the	intent of the disclosure]
Completing the Affordable	Care Act portion of his / her / their 20 income tax return.
I understand that I have the ability to request a	a more limited disclosure of tax return information, as I may direct.
Taxpayer Signature:	Date:
Taxpayer Signature:	Date:
Note: If there are multiple reasons for req	uesting disclosures they may all be listed in one consent

Section 301.7216-3 (26 CFR Part 301) of the IRS Code, Rev. Proc. 2013-14 and 2013-19.

Jack Skehan & Associates