

CONSENT FORM TO DISCLOSE TAX RETURN INFORMATION UNDER IRS REGULATION §301.7216-3

Federal law requires that this consent form be provided to you. Unless authorized by law, we cannot disclose, without your written 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. 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.

Bob McCombs, CPA, a U.S.-based firm, may disclose your tax return information to the entities listed below. The information disclosed may include information furnished to or for or in connection with the preparation of your tax return(s); information derived or generated by us from the information provided; and/or tax return information associated with prior years' returns in our possession. The information disclosed may also include all information contained within your tax return(s); if you wish to request a more limited disclosure of your tax return information you must inform us.

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.

Taxpayer (and Spouse if married) Printed Name: _____

Description of information to be disclosed: _____

Name of person or entity(s) information is to be disclosed to: _____

Please send my request to (check one) If more than one is indicated there will be an additional charge for each.

Will pick up E-mail address _____

Fax # _____ Mailing address _____

Expiration date of this disclosure (if no entry, one year from the date signed): _____

Taxpayer's Signature: _____ Date: _____

Optional Pin Number

Spouse's Signature: _____ Date: _____

Optional Pin Number

We charge \$50 per year for tax return copies including W-2's and K1's if requested or \$50 for copies of only W-2's and/or K1's. We charge \$50 for letters of assurance verifying self-employment. Fax, e-mail and first class postage are included. Next day shipping is charged at actual cost. We accept Mastercard, Visa, and Discover credit and debit cards.

Credit card # _____ - _____ - _____ - _____ Expiration date ____ / ____