

Authorization for Specific Disclosure



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.

I /We _____ authorize Grass CPA and Associates, ps to disclose and communicate tax related information as specified below

Date Disclosure begins _____ Ends _____

Who : _____ at which firm _____

Address _____

City _____ State _____ Zip _____ Phone _____

What can we Disclose _____

Purpose of Disclosure _____

By signing below, you (including each of you if there is more than one taxpayer) acknowledge that you have read and understand the disclosure requirements. To authorize a specific disclosure, a separate agreement will be entered into outlining who, where, what, and for how long we are to disclose your information. If you are not willing to authorize us to disclose your tax information, you can still choose to have your tax return prepared and filed by us at our normal rates.

Printed name of taxpayer/ Entity: _____

Taxpayer signature: _____ Date: _____

Title (if Applicable) _____

Joint taxpayer signature: _____ 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 at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

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