



**MANY HAPPY RETURNS**  
**PROFESSIONAL TAX SERVICE**  
 Equine Business Specialist

Judy White; Enrolled Agent  
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**Consent to Disclosure Of Tax Return Information**

\_\_\_\_\_(I, we," "us" and "our")

Printed name of tax preparer \_\_\_\_\_

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 those related to 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. Because our ability to disclose your tax return information to another tax return preparer affects the tax return preparation service(s) that we provide to you and its (their) cost, we may decline to provide you with tax return preparation services or change the terms (including the cost) of the tax return preparation services that we provide to you if you do not sign this form. 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.

In order to process your return we must disclose all of your \_\_\_\_\_ tax return information to: \_\_\_\_\_ that we partner with in order to Provide certain services.

If you will allow us to disclose your \_\_\_\_\_ tax return information to: \_\_\_\_\_

\_\_\_\_\_ for this purpose OR additional purpose requested, sign and date your consent to the disclosure of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to disclose to all of your \_\_\_\_\_ tax return information. If you are not willing to authorize us to share your tax information with the other firms, you can still choose to have your tax return prepared and filed by us for a fee.

Printed Name of Taxpayer: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Joint Taxpayer: \_\_\_\_\_

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 e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).