

Consent to Disclose

Required Statements:

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.

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 phone at 1-800-366-4484, or by e-mail at complaints@tigta.treas.gov.

What you are consenting United Way of Adams County, Inc. to disclose:

- **Combined Non-Identifiable** information from all tax returns: number of returns completed, total refunds provided to the community, total Earned Income Credit and/or other credits provided to the community, combined demographics from all tax returns, and total savings in tax preparation fees may be used/disclosed for program evaluation, fundraising, and promotion. **Initials** _____
- Taxpayer name, home address and email address may be used/disclosed to send annual invitations to schedule free tax preparation services and/or invitations to participate in financial education or asset building opportunities. **Initials** _____

Check One:

_____ I Consent/Agree to Disclose **(please initial each item giving consent to above)**

_____ I Do Not Consent/Disagree to Disclose

Taxpayer Signature:

Taxpayer Spouse Signature:

Date: _____

Date: _____