



**Knoble Ingle CPAs**  
*Creating Clients For Life™*

**CONSENT TO DISCLOSURE OF TAX RETURN 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 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 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 without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or by email to [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

<b>RECIPIENT AND TAX RETURN INFORMATION</b>	
Purpose for disclosing information: _____	
Name and Company: _____	
Phone Number: _____	Email Address: _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Tax Returns to Disclose: _____ Individual Tax Return(s)	
_____ Business Tax Return(s) _____	
_____ Other information described as _____	
Year(s) to Disclose: _____	Duration of Consent: _____

**TAXPAYER CONSENT AND SIGNATURE**

I, \_\_\_\_\_ authorize Knoble Ingle CPAs LLP (KICPAs) to disclose the above detailed tax information for the years listed. A photographic/facsimile copy of this Consent shall be as valid as the original. This Consent allows full disclosure of the entire return. I understand that I have the right to limit this Consent to specific information and not just authorize disclosure or use of the entire return, and KICPAs will comply with such limitations. I further understand that KICPAs are not providing any assurance on the accuracy and completeness of the tax return(s) or any related documents. I acknowledge that I have read, am familiar with, and fully understand the terms and conditions of this Consent.

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