# Susko Wealth Advisors

## CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Client (Taxpayer)________________________________ SS#______________________________
Print Name

Client (Spouse)__________________________________ SS#______________________________
Print Name

Business Name___________________________________ EIN______________________________
Print Name

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.

You have indicated that you are in the process of _____________________________________________ (state intended purpose of the release of information. Examples: refinance, secure a mortgage, bank loan, student loan, pick up tax return for delivery, etc.). If you would like us to disclose your tax return information as identified below to ____________________________________________________________(Third Party Name), please check the following box and sign and date this form.

☐ The Taxpayer(s) (stated above), authorize Susko Wealth Management, LLC to disclose to the Third Party above that portion of my (our)

_________________________________________________________(describe: financial statement, tax return, etc.) for____________________________________________(year or period) (including my (our) entire return) that is necessary for stated "Third Party Name". I (We) understand I (we) have the right to limit the consent to specific information, not just authorize disclosure or use of the entire return. Recognizing that right, I (we) consent to the use of my (our) entire tax return.

Duration of consent (if other than one year): _____________________________________________

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.

**AGREED AND ACCEPTED BY:**

Client (Taxpayer)________________________________ Date ______________________________

Client (Spouse)__________________________________ Date ______________________________

Officer (Business)________________________________ Date ______________________________