

**Consent to Disclosure of Tax Return/Bookkeeping Information to Third Party**

*Please keep a copy of this signed consent form for your records.  
A fee may be charged to provide the requested information.*

Name of Taxpayer(s):

\_\_\_\_\_

I (We) authorize Bowers & Associates, Inc. to discuss or release the information detailed below to the following third party:

Name of Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City, State, Zip: \_\_\_\_\_

Phone Number of Contact Person: \_\_\_\_\_

E-Mail Address of Contact Person: \_\_\_\_\_

Information to be discussed or released is limited to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If consent is for all information contained within a tax return, please explain why a more limited disclosure of tax information would not satisfy the purpose of this consent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose for consent:

\_\_\_\_\_  
\_\_\_\_\_

Release information via:  Mail  Telephone  Fax  E-Mail

**Note for E-Mail Requests:** If you request that the disclosure be made by e-mail, you hereby acknowledge that this will be done over an unsecured connection. By signing this form you release Bowers & Associates, Inc. from any liability for problems that may arise from the e-mail and its attachments.

**This form must be completed in its entirety and signed by all parties prior to the release of any client's information by Bowers & Associates, Inc. to any third party for any reason unless required by law.**

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return/bookkeeping information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return/ bookkeeping information, Federal law may not protect your tax return/bookkeeping information from further use or distribution by a third party.

**Warning:** Once your information is disclosed to a third party per your consent, we have no control over what the third party does with your information. If the third party uses or discloses your information for purposes other than the purpose for which you authorized the disclosure, under Federal law, we are not responsible for that subsequent use or disclosure, and Federal law may not protect you from that disclosure.

You are not required to complete this form. If we obtain your signature on this form by conditioning our 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 below. If you do not specify the duration of your consent, your consent is valid for one year from the date you signed this form.

Under Federal Tax Regulation 301.7215-3(b), I (we) consent to your disclosure of the above stated information. This consent to disclose is for no other reason and expires on \_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Taxpayer's Printed Name

\_\_\_\_\_  
Spouse's Printed Name (*Required if Joint Return*)

\_\_\_\_\_  
Taxpayer's Signature

\_\_\_\_\_  
Spouse's Signature (*Required if Joint Return*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**If you believe that your rights have been violated:**

If you have any questions or concerns about your rights regarding the use or disclosure of your tax return information, visit [www.irs.gov/advocate](http://www.irs.gov/advocate) for more information, or contact the Taxpayer Advocate Service of the Internal Revenue Service at (877) 777-4778.

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 (800) 366-4484, or by e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).