

**GONZALEZ**  
**& ASSOCIATES, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

**CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION**

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return 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 information, Federal law may not protect your tax return information from further use or distribution.

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. If you do not specify the duration of your consent, your consent is valid for one year.

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)

I, \_\_\_\_\_, authorize Gonzalez and Associates, P.C. to disclose the following tax information for 20\_\_\_\_:

- Information requested: \_\_\_\_\_
- Name and address to whom information is being \_\_\_\_\_ mailed \_\_\_\_\_ e-mailed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Duration of Consent if not a year: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse (if applicable)