

**CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION**

Federal law requires this consent form 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. Because our ability to disclose your tax return information to another institution affects the service that we provide to you, we may change the terms of service that we provide to you if you do not sign this form. 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.

You have indicated that you are interested in obtaining a bank account, refund settlement product, card service, and/or related banking services. These products are made available through arrangements that we have with financial institutions and their partners. To apply for and obtain any of these products or services, we may forward your information to these companies and/or their affiliates.

If you sign this form and check the box below, you authorize us to disclose your 2017 Tax Return for the designated purpose.

I authorize \_\_\_\_\_ to disclose my entire 2017 Tax Return and information collected during the preparation of my taxes to ensure that any refund settlement products, and related banking services that I obtain or apply for can be issued, processed, underwritten, and serviced. The foregoing activities and related services may be performed by one of the following company and/or their affiliates: Refundo Inc.

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Taxpayer's Name (print): \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Name (print): \_\_\_\_\_

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](mailto:complaints@tigta.treas.gov).

# CONSENT TO USE OF TAX RETURN INFORMATION

\_\_\_\_\_  
("we," "us" and "our")

Printed name of Tax Preparer

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

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. 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 do not consent, then you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into arrangements with a third party to provide qualifying taxpayers with the opportunity to apply for financial products (Loan, Electronic Refund Check, or Electronic Refund Deposit). To determine whether these products may be available to you, we will need to use your tax return information by analyzing it and calculating the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your 2017 tax return to determine whether to present you with the opportunity to apply for these products and services.

Printed Name of Taxpayer: \_\_\_\_\_

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

Printed Name of Joint Taxpayer: \_\_\_\_\_

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

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