

CONSENT TO USE OF TAX RETURN INFORMATION

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.

For your convenience, _____ (preparer) has entered into arrangements with certain insurance companies and exchanges regarding the provision of affordable health care coverage. To determine whether this service may be of interest to you, your tax preparer identified above will need to use your tax return information.

If you would like your tax preparer to use your tax return information to determine whether this service is relevant to you while preparing your return, please check the corresponding box, provide the information requested below, and sign and date this consent to the use of your tax return information.

I, _____ authorize my preparer listed above to use the information I provided during the preparation of my tax return for tax year(s) _____ to determine whether to offer me an opportunity to purchase affordable health care coverage.

Signature: _____

Date: _____

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.