

PAUL B TICE, JR. 1950-2009  
PUBLIC ACCOUNTANT

BARBARA T. KINDIG  
PUBLIC ACCOUNTANT

PAUL F. TICE, III  
PUBLIC ACCOUNTANT  
ENROLLED AGENT\*

\*ENROLLED TO PRACTICE BEFORE  
THE INTERNAL REVENUE SERVICE

# TICE ASSOCIATES, P.C. PUBLIC ACCOUNTANTS

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AFFILIATE PERSONNEL:  
JAMES F. TICE  
ENROLLED AGENT\*

## 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 Tice Associates, P.C. 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):  1 month  3 months  6 months  Other: \_\_\_\_\_

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).

**AGREED AND ACCEPTED BY:**

Signature (Client): \_\_\_\_\_  
Taxpayer Name

Date \_\_\_\_\_

Signature (Client): \_\_\_\_\_  
Spouse Name

Date \_\_\_\_\_

Signature (Business): \_\_\_\_\_  
Officer Name

Date \_\_\_\_\_