

**Anspach Financial Group**  
**DISCLOSURE AUTHORIZATION**  
**Required under Reg. 301.7216-3 and Revenue Procedure 2008-12**

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. 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 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).

If the disclosure authorized is for an entire tax return or all information contained within a return, you have the ability to authorize a more limited disclosure of tax return information.

**Tax Professional:** \_\_\_\_\_

**Client(s):** \_\_\_\_\_

**Information To Be Disclosed & Purpose of Disclosure:**

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

**I (We) authorize the disclosure for the specific purpose stated above.**

_____	_____	_____	_____
<b>Client</b>	<b>Date</b>	<b>Spouse</b>	<b>Date</b>

**Recipient of Disclosed Information:**

**Name:** \_\_\_\_\_ **Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_