**Information Disclosure Authorization**

The following disclosure authorization is made available to **DeMarco Wachter & Co.** in order to disclose information to secure .

I authorize you to provide the following information to .

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

The following information is to be included in the disclosure authorization:

Tax Return Form Year

**Other Information**

This consent is effective for: .

Taxpayer: Date: .

Spouse (if applicable): Date .

Taxpayers are not required to sign this consent. If you sign the consent, federal law may not protect your information from further disclosure. If you sign the consent you can set a time period for the duration of the consent. If you fail to set a time period, the consent is valid for a maximum of 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)**.**