

**DISCLOSURE OF TAX RETURN INFORMATION**  
**CONSENT AND AUTHORIZATION**

Federal law requires this consent form be provided to you. Unless authorized by law, HRB Tax Group, Inc., its agents, affiliates, successors and assigns (“we” or the “Company”) 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.

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).

By signing this form and checking the box below, you authorize the Company to disclose your tax return information described below in response to a subpoena issued by \_\_\_\_\_ in the \_\_\_\_\_ case.

I, \_\_\_\_\_, hereby authorize the Company to produce all information concerning me or my tax returns in its possession, custody or control, including but not limited to any income tax returns and any information relating to the preparation of such income tax returns, to persons or entities described in the subpoena. Such information will be disclosed by the Company only for purposes of responding to the subpoena. In making this authorization, I understand and/or acknowledge that:

- I have the right to revoke this Authorization at any time, by issuing written revocation to the Company at Legal-Litigation Dept, H&R Block, One H&R Block Way, Kansas City, MO 64105 except to the extent that the Company has already relied upon this Authorization to disclose and/or produce information.
- I understand that I am waiving any privileges and/or protections from disclosure which may apply to such documents and information.
- To the extent my entire tax return(s) is sought by the subpoena or other request, I understand that I have the ability to seek a more limited disclosure of my return but am waiving any such limitation.
- I have the authority to execute this Authorization.

- I have read this Authorization and had the opportunity to consult with counsel, and I consent to the disclosure described above. Upon signing this Authorization, I was provided with a copy of it. However, I understand I may also obtain a signed copy by contacting the Company and referencing the case above.

IN WITNESS THEREOF, \_\_\_\_\_ has hereto caused this Consent to be signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
SSN

\_\_\_\_\_  
DOB

WITNESSED: \_\_\_\_\_  
Signature Print Name