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**Consent for Disclosure Authorization of Form 1040 Information**

Federal law requires that this consent form be provided to you. Unless authorized by law, we cannot disclose information from your tax return without your consent other than for the purpose of preparing and filing your tax return.

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. 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.

Duration of Consent: \_\_\_\_\_

I, \_\_\_\_\_ authorize **Sikka &**

**Associates**'s personnel to disclose my tax returns to \_\_\_\_\_

For the purpose of \_\_\_\_\_

by fax, email, telephone or mail. **(select one and provide the receiver's information)**

\_\_\_\_\_

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).

Taxpayer Signature: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A jointly filed return requires signatures of both taxpayers.

Use this form to request information to be disclosed to a 3<sup>rd</sup> party.