

Consent to Use Personal Tax Return Information

Federal Disclosure:

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.

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. Please be assured that all of the information that you provide will only be used in the aggregate and no specific taxpayer will be identified.

Defined Terms:

"Tax Preparer*": SDC Southside

Address: 2968 S Chase Avenue, Milwaukee, WI 53204

"Taxpayer #1":

"Taxpayer #2":

Address:

"Taxpayer": Refers to both Taxpayer #1 and Taxpayer #2

"Personal Information": Taxpayer's tax return and all information contained therein

"PIN": Personal Identification Number

"Use": Provide Taxpayer Name and Address to Partners such as WDOR

"Purpose": Consent to use Personal Income Tax Information to prepare State return.

CONSENT GRANTED

I/we, the Taxpayer, have read the above information and by typing in my/our taxpayer PIN(s), hereby consent to Tax Preparer's Use of the Personal Information for the Purpose stated above.

Taxpayer #1 PIN		Signature:	Date:	
Taxpayer #2 PIN		Signature:	Date:	

Duration of Consent: 3 Years

CONSENT DENIED

I/we, the Taxpayer, have read the above information, and by typing/writing in my/our taxpayer PIN(s) hereby **DENY** consent to the Use of the Personal Information for the Purpose stated above.

Taxpayer #1 PIN		Signature:	Date:	
Taxpayer #2 PIN		Signature:	Date:	

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.

* In accordance with Federal Law and Internal Revenue Code Section 7216, the term 'Tax Preparer' shall mean the ERO of this electronically filed return even though it may have been prepared by someone other than the ERO.

Consent to Disclose Personal Tax Return Information

Federal Disclosure:

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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. Please be assured that all of the information that you provide will only be used in the aggregate and no specific taxpayer will be identified.

Defined Terms:

"Tax Preparer*": SDC Southside

Address: 2968 S Chase Avenue, Milwaukee, WI 53204

"Taxpayer #1":

"Taxpayer #2":

Address:

"Taxpayer": Refers to both Taxpayer #1 and Taxpayer #2

"Personal Information": Taxpayer's tax return and all information contained therein

"PIN": Personal Identification Number

"Disclosure": To IRS, WDOR, CSBG, Forest County Potawatomi, SD Foundation, United Way of Greater Milwaukee & Waukesha County– Disclose information in aggregate reporting total credit and refund amounts ONLY

"Purpose": To secure funding and support for the VITA program

CONSENT GRANTED

I/we, the Taxpayer, have read the above information. By typing in my/our taxpayer PIN(s), I/we hereby consent to the Disclosure for the Purpose stated above.

Taxpayer #1 PIN		Signature:	Date:	
Taxpayer #2 PIN		Signature:	Date:	

Duration of Consent: 3 Years

LIMITATION ON DISCLOSURE

I/we do not wish to limit the scope of the Disclosure of the Personal Information unless I/we mark the box and list the limitations below.

Tax Return Disclosure Limitation: _____

CONSENT DENIED

I/we, the Taxpayer, have read the above information, and by typing in my/our taxpayer PIN(s) hereby **DENY** consent to the Disclosure of the Personal Information for the Purpose stated above.

Taxpayer #1 PIN		Signature:	Date:	
Taxpayer #2 PIN		Signature:	Date:	

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.

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Consent to Disclose/Use Information to Tax Preparer's Regional Office

Federal Disclosure:

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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. Please be assured that all of the information that you provide will only be used in the aggregate and no specific taxpayer will be identified.

Defined Terms:

"Tax Preparer*": SDC – Southside
Address: 2968 S Chase Avenue, Milwaukee, WI 53204
"Taxpayer #1":
"Taxpayer #2":
Address:

"Taxpayer": Refers to both Taxpayer #1 and Taxpayer #2
"Regional Office": SDC North Avenue VITA Site
"Software Developer": TaxSlayer, LLC, 3003 TaxSlayer Drive Evans, GA 30809
"Personal Information": Taxpayer's tax return and all information contained therein
"PIN": Personal Identification Number
"3 Years-Disclosure": Tax Preparer will disclose the Personal Information to Software Developer through Software Developer's tax preparation software. The Software Developer will disclose the Personal Information to the Regional Office.
"3 Year - Purpose: The purpose of the Disclosures is for the Software Developer to make available the Taxpayer's Personal Information to the VITA program Relational Offices in order for them to provide support and administrative assistance to the Tax Preparer

CONSENT GRANTED

- I/we hereby consent to Disclosure 1 for the purpose stated above.
- I/we, the Taxpayer, have read the above information. By typing/writing in my/our taxpayer PIN(s), and checking the boxes above, I/we hereby consent to the Disclosures for the purpose stated above

Taxpayer #1 PIN:		Signature:	Date:	
Taxpayer #2 PIN:		Signature:	Date:	

Duration of Consent: 3 Years

LIMITATION ON DISCLOSURE

I/we do not wish to limit the scope of the Disclosure of the Personal Information unless I/we mark the box and list the limitations below.

- Tax Return Disclosure Limitation: _____

CONSENT DENIED

I/we, the Taxpayer, have read the above information, and by typing/writing in my/our taxpayer PIN(s) hereby **DENY** consent to the Disclosure of the Personal Information for the Purpose stated above.

Taxpayer #1 PIN:		Signature:	Date:	
Taxpayer #2 PIN:		Signature:	Date:	

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