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TAX INFORMATION DISCLOSURE FORM

Federal law requires this consent form be provided to you. Unless authorized by law, we can not disclose, without your consent, your tax 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 information from further use or distribution.

You are not required to complete this form. However, if you do not sign this form we will not be able to disclose your tax return information to a third party. If you agree with the disclosure of your tax information, your consent is valid for one year.

I (we), _____
authorize **Cube Tax Service** to disclose (indicate what information is to be disclosed)

to (name of third party, contact person and telephone and/or fax number)

for the purpose of (specify the intent of the disclosure)

If you believe your tax 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 (TIGA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Taxpayer(s) Signature (if was joint return both tax payers must sign):

Taxpayer: _____

Spouse: _____

Date: _____
