

38 Fraley Street  
Kane, Pennsylvania 16735

FAX (814) 837-2267  
☎ (814) 837-9150

### CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION PURSUANT TO IRC SECTION 7216

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

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 you do not specify the duration of your consent, your consent is valid for 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).

I authorize the firm of Halcolm Bard, CPA to disclose my tax return information as described below:

<b>What to disclose</b>	Name on return _____ Tax for number _____ Tax Year or Years _____
<b>Whom to disclose to</b>	
<b>Reason for disclosure</b>	
<b>Methods to disclose</b>	<input type="checkbox"/> Discussing the details of my tax return <input type="checkbox"/> Faxing a copy of my tax return <input type="checkbox"/> Mailing a copy of my tax return <input type="checkbox"/> e-mailing a copy of my tax return
<b>Information to make disclosure (e.g. phone, fax, address, email)</b>	
<b>Consent expiration, if &lt;1 year</b>	

Signature	Print Name	Date