Consent To Disclose Personal Tax Return Information

Federal Disclosure:

Federal law requires this consent form 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.					
You are not required to give your consent. If we obtain your signature on this form by conditioning our					
	onsent will not be valid. If you agree to				
	d for the amount of time that you speci	-			
be changed if desired. If you do not specify the duration of your consent, your consent is valid for one year.					
Defined Terms:					
"Tax Preparer": Lafayette Urban Ministry					
"Taxpayer #1":					
"Taxpayer #2":					
"Personal Information": Taxpayer's 20,20 ix return data, without any personally identifiable information.					
"PIN":					
"Disclosure": Your information will be protected and not be sold or shared with anyone else. Only					
summary tax statistics without any personally identifiable data will be reported.					
	lecting this general data is to show the	impact of the	ese tax preparation		
services in the community.					
	CONSENT GRANTED				
	e above information, and by signing my		e(s) hereby consent to		
Tax Preparer's Disclosure of the Personal Information for the Purpose stated above.					
Taxpayer #1 Signature:		Date:			
Taxpayer #2 Signature:		Date:			
Duration of Consent: 1 year					
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 signing my/our signature(s) hereby Deny					
consent to the Disclosure of the Personal Information for the Purpose stated above.					
Taxpayer #1 Signature:		Date:			
Taynayar #2 Signatura		Data			

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 if it was prepared by someone other than the ERO.

Consent To Use Personal Tax Return Information

Federal Disclosure:

A CHELLER DESCRIPTION						
Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax						
without your consent, your tax return	n information for purposes other tha	an the preparation and I	uing or your tax			
	e this form. If we obtain your signat	ure on this form by con	ditioning our			
services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you						
specify. The duration specified below can be changed if desired. If you do not specify the duration of your						
consent, your consent is valid for one year.						
"Tax Preparer": Lafayette Urban N	Ministry					
"Taxpayer #1":						
"Taxpayer #2":						
"Personal Information" Taxpayer's 20 20 tax return						
"PIN": "Use"- Tax information will assist in preparing a tax return next year. Your information will be protected and						
not be sold or shared with anyone else.						
"Purpose": We would like to use your name & address to inform you of activities sponsored by LUM and						
keep it for 1 year.						
CONSENT GRANTED						
I/we, the Taxpayer, have read the above information, and by signing my/our signature(s) hereby consent to Tax						
Preparer's Use of the Personal Information for the Purpose stated above.						
	,					
Taxpayer #1 Signature:		Date:				
Taxpayer #2 Signature:		Date:				
Tuxpuyet "2 Digitature.		Duter				
Duration of Consent: 1 year						
CONSENT DENIED						
I/we, the Taxpayer, have read the above information, and by signing my/our signature(s) hereby Deny consent						
to the Use of the Personal Information for the Purpose stated above.						
Taxpayer #1 Signature:		Date:				
Taxpayer #2 Signature:		Date:				

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