

# Tax Information Disclosure Consent

By completing and submitting this form, you hereby consent to the collection, use, and disclosure of your tax information as described below.

Full Name:

Social Security Number / Tax ID:

Tax Year(s):

Recipient (Person/Organization to receive information):

Purpose of Disclosure:

☐ I acknowledge and agree to the disclosure of my tax information for the purpose specified above.

Signature:

Date:

Submit