



# Client Disclosure Agreement CLIFFORD & ASSOCIATES, LLC

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**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 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.

**You are not required to complete this form to engage our tax return preparation services.** 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 from the date of signature.

Duration of consent (optional): \_\_\_\_\_

I, authorize Clifford & Associates (Preparer(s) \_\_\_\_\_) to disclose

to: \_\_\_\_\_

for the purpose of (initial all that apply):

Insurance Planning & Management

Retirement/Estate Planning

Investment Planning & Management

Tax Planning

Financial Planning

Other: \_\_\_\_\_

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).

\_\_\_\_\_  
**Taxpayer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (print)**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (print)**