



OFFICE 907 276 3012  
TOLL-FREE 800 478 3012  
FAX 907 276 0614

1106 East Northern Lights Blvd  
Anchorage AK 99508

[www.alaskatax.net](http://www.alaskatax.net)

# Taxpayer Consent to Disclose Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

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. 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.

Duration of consent: \_\_\_\_\_ thru \_\_\_\_\_

We/I, authorize Alaska Tax Service to disclose our/my \_\_\_\_\_ tax return and accompanying supplementary information to:

\_\_\_\_\_

for the purpose of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Taxpayer (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
Spouse (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(print name)