



CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose 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 tax return preparation 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.

You have indicated that you are interested in applying for the American Express Serve card (the "Card") and in receiving direct deposits of your U.S. federal income tax refund on the Card. In order to have your Card application evaluated and processed, we must disclose all of your tax return information to American Express to evaluate and process your application for the Card. You may request a more limited disclosure of tax return information, but you will not be eligible to submit an application for the Card.

If you would like us to disclose your tax return information to American Express for purposes of applying for the Card, please provide the information requested below and sign and date your consent to the disclosure of your tax return information.

I, _____, authorize Income Tax Consultants, LLC to
(Taxpayer Name) *(Tax Preparer Name)*

I, _____, authorize Income Tax Consultants, LLC to
(Taxpayer Name) *(Tax Preparer Name)*

disclose to American Express all of my tax return information for 2014 that is necessary for American Express to evaluate and process my application for the Card.

Duration of Consent: _____
(Note: If no duration is indicated, consent is valid for 1 year)

Taxpayer Name: _____
(Print name)

Taxpayer Signature: _____

Spouse Name: _____
(Print name, if joint)

Spouse Signature: _____

Date: _____

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.