

Consent to Disclosure Of Tax Return Information

April's Tax Service, Inc. ("I," "me," and "my")

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, I cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. 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. If I obtain your signature on this form by conditioning my 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 you specify. If you do not specify the duration of your consent, your consent is valid for one year.

You have indicated that you are interested in applying for an E1 Visa card or e-Deposit or e-Check product (collectively, a "bank product") from EPS Financial, LLC ("EPS"). In order to have your bank product application processed by EPS, we must disclose all of your 2018 tax return information to EPS. You may request a more limited disclosure of tax return information, provided that you authorize disclosure of all of the information required by EPS to consider your application.

If you would like me to disclose your 2018 tax return information to EPS for this purpose, please sign and date your consent to the disclosure of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize me to disclose to EPS all of your 2018 tax return information so that EPS can evaluate and process your application for a bank product. You understand that if you are not willing to authorize me to share your tax information with EPS, you will not be able to obtain a bank product from EPS, but you can still choose to have your tax return prepared and filed by me for a fee.

Printed Name of Taxpayer: _____

Taxpayer Signature: _____ Date: _____

Printed Name of Joint Taxpayer: _____

Joint Taxpayer 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.