

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA

Smith-Washington, et al. v. TaxAct, Inc., Case No. 3:23-cv-00830-VC www.TaxActClassSettlement.com

OPT-OUT FORM INSTRUCTIONS

This Opt-Out form is for Settlement Class Members who wish to exclude themselves from the benefits of the Settlement. The Settlement Class Members includes members in either of the two following Classes: (1) Nationwide Class – all natural persons who used a TaxAct online do-it-yourself consumer Form 1040 tax filing product and filed a tax return using the TaxAct online product at any time between January 1, 2018 and December 31, 2022, and whose postal address listed on such tax return was in the United States; or (2) Nationwide Married Filing Jointly Class – all natural persons whose spouse used a TaxAct online do-it-yourself consumer Form 1040 tax filing product and filed a joint tax return using the TaxAct online product at any time between January 1, 2018 and December 31, 2022, and whose postal address listed on such joint tax return was in the United States.

ANY INDIVIDUAL WHO WISHES TO EXCLUDE THEMSELVES FROM THE SETTLEMENT MUST SUBMIT THIS FORM ONLINE OR A REQUEST FOR EXCLUSION TO THE SETTLEMENT ADMINISTRATOR, WHICH SHALL BE POSTMARKED NO LATER THAN SEPTEMBER 11, 2024. IF YOU FILL OUT THIS OPT-OUT FORM YOU WILL BE EXCLUDED FROM THE SETTLEMENT AND ANY OF ITS BENEFITS.

How To Complete This Opt-Out Form

- 1. To submit this Opt-Out form, complete the online form or print this form and mail it to the following address: Smith-Washington v. TaxAct, Inc., c/o Kroll Settlement Administration LLC, PO Box 225391, New York, NY 10150-5391. The completed and signed Opt-Out Form must be postmarked by **September 11, 2024**.
- 2. You must complete the entire Opt-Out form. Please type or write your responses legibly.
- 3. You must only submit the Opt-Out form on your own behalf or on behalf of someone for whom you are an authorized legal representative.
- 4. If you have any questions, please contact the Settlement Administrator by email at info@TaxActClassSettlement.com, by chat available at www.TaxActClassSettlement.com, by telephone at (833) 425-9910, or by U.S. mail at the address listed above.









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Your Opt-Out form must be postmarked by: September 11, 2024.

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Opt-Out Form

IF YOU COMPLETE THIS FORM YOU WILL BE EXCLUDED FROM THE SETTLEMENT AND ITS BENEFITS

Provide your name and contact in be processed only for purposes or	nformation. NOTE: The personate of effectuating the Settlement.	al information you provide below		
First Name	Last Name	Last Name		
Street Address				
City	State	Zip Code		
()Current Phone Number				
	@			







II. CONTACT INFORMATION ASSOCIATED WITH TAXACT ACCOUNT						
	provide the contact information assouse's TaxAct account at the time of					
My TaxAct account informa	ation is the same as above.					
First Name	Last Name					
Street Address						
City	State	Zip Code				
() Current Phone Number						
	@					
Email Address						
III. VERIFICATION ANI	D ATTESTATION UNDER OAT	ГН				
	ng this Opt-Out form, I hereby swe he Class Period and I am part of the					
	Date:	/// MM / DD / YYYY				
Your signature	1	MM / DD / YYYY				
Your name						

REMINDER CHECKLIST

- 1. Please make sure you completed all three parts of the Opt-Out form.
- 2. Please make sure that you signed and dated the Opt-Out form.
- 3. Please keep a copy of your completed Opt-Out form for your own records.
- 4. Please submit your completed Opt-Out form online at www.TaxActClassSettlement.com or by mail to Smith-Washington v. TaxAct, Inc., c/o Koll Settlement Administration LLC, PO Box 225391, New York, NY 10150-5391.





