

# Exhibit F

**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](http://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 [OPT-OUT DEADLINE]. IF YOU FILL OUT THIS OPT-OUT FORM YOU WILL BE EXCLUDED FROM THE SETTLEMENT AND ANY OF ITS BENEFITS.**

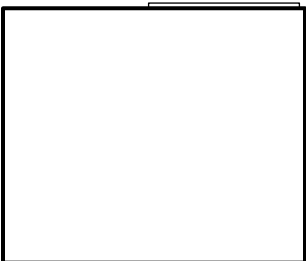
**How To Complete This Opt-Out Form**

1. To submit this Opt-Out Form, complete the online form **here** or print this form and mail it to following address: Smith-Washington, et al. v. TaxAct, Inc., c/o Kroll Settlement Administration LLC, 2000 Market Street, Suite 2700, Philadelphia, PA 19103. The completed and signed Opt-Out Form must be postmarked by \_\_\_\_\_, 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 \_\_\_\_\_, by chat available at \_\_\_\_\_, by telephone at \_\_\_\_\_, or by U.S. mail at the address listed above.

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Your opt-out form must be postmarked by: \_\_\_\_\_, 2024

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](http://www.TaxActClassSettlement.com)



**Opt-Out Form**  
**IF YOU COMPLETE THIS FORM YOU WILL BE EXCLUDED FROM THE SETTLEMENT AND ITS BENEFITS**

**IV. YOUR CONTACT INFORMATION**

Provide your name and contact information. NOTE: The personal information you provide below will be processed only for purposes of effectuating the Settlement.

Two empty rectangular boxes for name entry.

**First Name**

**Last Name**

One wide empty rectangular box for street address.

**Street Address**

Empty rectangular box for city.

**City**

Empty rectangular box for state.

**State**

Empty rectangular box for zip code.

**Zip Code**

Empty rectangular box for current phone number.

**Current Phone Number**

Empty rectangular box for email address.

**Email Address**

I filed a: \_\_\_ Individual Return \_\_\_ Married Filing Jointly Return

**V. CONTACT INFORMATION ASSOCIATED WITH TAXACT ACCOUNT**

If different from above, please provide the contact information associated with your TaxAct account at the time of filing, or your spouse's TaxAct account at the time of filing if you are a Married Filing Jointly Class Member.

1 \_\_\_\_: My TaxAct account information is the same as above.

2

3 **First Name**

**Last Name**

4

5 **Street Address**

6

7 **City**

**State**

**Zip Code**

8

9 **Phone Number**

**Email Address**

10 **VI. VERIFICATION AND ATTESTATION UNDER OATH**

11 By signing below and submitting this Opt-Out Form, I hereby swear under penalty of perjury that I  
12 am used TaxAct's services during the Class Period and am part of the Settlement Class.

13 \_\_\_\_\_  
14 Your signature

Date: \_\_\_\_\_  
MM DD YYYY

15 \_\_\_\_\_  
16 Your name

17 **REMINDER CHECKLIST**

- 18 1. Please make sure you completed all three parts of the Opt-Out Form.
- 19 2. Please make sure that you signed and dated the Opt-Out Form.
- 20 3. Please keep a copy of your completed Opt-Out Form for your own records.
- 21 4. Please submit your completed Opt-Out Form online or by mail by \_\_\_\_\_, 2024 to: Smith-  
22 Washington, et al. v. TaxAct, Inc. c/o Kroll Settlement Administration LLC, 2000 Market Street,  
23 Suite 2700, Philadelphia, PA 19103.