



Accounting & Tax Services

CONSENT FOR DISCLOSURE OF TAX INFORMATION
PURSUANT TO INTERNAL REVENUE CODE SECTION 7216

Date: _____

Last 4 Digits of SSN: _____

I/We authorize the following disclosure of the tax information for:

Taxpayer (print name)

Spouse (if joint return) (print name)

Entity Name

Authorized Agent Name & Title

Information to be disclosed (check all that apply):

Federal, state and/or local income tax records & supporting documentation. Said documentation can included, but is not limited to details about current & prior years' income tax returns; applicable schedules & W-2s/1099s; details about my/our name(s), address(es), telephone number(s), social security number(s) and dependent(s) information.

Financial statements including, but not limited to profit & loss statements; balance sheets; bank reconciliations; statement of cash flows and/or personal net worth statements.

OTHER (please specify): _____

Person(s) to whom disclosure is authorized:

Name

Company/affiliation (if applicable)

Manner in which information is to be disclosed (enter respective information after selection):

Via e-mail Email Address: _____

Via facsimile Fax No: _____

Via U.S. mail Address: _____

Via telephone conversation Phone No: _____

In-person Date (if known): _____

Period of time this authorization & consent covers:

For a period of One week One month One year Until Further Notice

For the period of time it takes to disclose/communicate information requested



Authorization to provide additional information or respond to inquiries:

Should the party identified above request additional information,

Authorization is granted to provide additional information related to the initial inquiry without an additional or amended authorization;

Authorization is granted to respond to inquiries via telephone or e-mail;

Authorization is not granted at this time. Additional or amended authorization is needed.

Federal law requires this consent form to 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 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.

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 **(800) 366-4484** or by email at **complaints@tigta.treas.gov**.

Do not sign this form if you have not read and understood what it asks for and the permissions you are giving us.

Taxpayer Signature

Date

Title (if applicable)

Spouse Signature

Date

Title (if applicable)