

## Consent to DISCLOSURE of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we 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 we obtain your signature on this form by conditioning our 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.

**Length of Time** = \_\_\_\_\_ years

**We/us** = WT tax Accounting, LLC

**You/our** = Taxpayer(s) signing below

### Intended purpose:

All useful purposes, including, but not limited to:

- the preparation of “related” tax returns, such as, but not limited to, returns for: our children, our grandchildren, our siblings, our parents, etc
- corporations, partnerships, limited liability companies (LLC), trusts, etc, in which we hold any interest and/or from which we receive payments
- payroll tax returns, unemployment returns, workers compensation returns, transaction privilege (sales) tax returns, any or all other accounting uses
- assistance with bank loans, home loans, refinancing, etc
- newsletters from us and/or our affiliates listed below
- invitations and/or other contacts for lunches, upcoming seminars, law changes, planning opportunities, etc

### Disclosed to:

**WT Tax Accounting LLC** and its employees and/or independent contractors for the rendering of any financial services, including, but not limited to:

- the sale of IRA’s and retirement plans
- investments; including, but not limited to:
  - the sale of stocks, mutual funds, bonds, annuities, partnerships (corporations, limited liability company)
- insurance, including, but not limited to:
  - the sale of life insurance, annuities, long term care insurance, disability insurance, medical/dental insurance, property and casualty insurance, including but not limited to auto insurance (truck/boat/airplane), home insurance, renters insurance
  - umbrella liability insurance,
  - errors and omissions insurance
  - workers compensation insurance
- banks, other lenders, title/escrow companies, as I/we may from time to time request
- My/our other financial advisors and /or other attorney (ies) as I/we may from time to time request.

If you would like us to disclose your tax return information to the above, please sign and date your consent to the disclosure of your tax return information.

In lieu of the above, I/we would only like to consent to the disclosure of the following information from my/our tax returns:

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And/or to only the following:

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And/or for only the following purposes:

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I/We, the undersign, authorize you to disclose to the above (as indicated) that portion (as indicated) of my/our tax return information for 2009, and prior and future years as indicated and in the absence of an indication all that is necessary and/or helpful for them to contact me/us and/or to assist me/us.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Print Name)\_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Print Name)\_\_\_\_\_

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](mailto:complaints@tigta.treas.gov).