

# Consent to Release Tax Information

Name \_\_\_\_\_ Social Security No: \_\_\_\_\_

Phone No: \_\_\_\_\_

I hereby authorize Tax Management Services, Inc. to release the following requested information.

Copies of my tax return(s) for the following year(s):

2015     2014     2013     Copies of W-2's for the years listed as well

Please release tax return/s to:

Bank, Mortgage Lender, or Attorney    Delivery Preference:    Fax     E-mail

If married both signatures are needed for the above options.

Name of Company: \_\_\_\_\_ Attn: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If faxing, do you want a call before fax for privacy?     No     Yes    Phone # \_\_\_\_\_

The following three paragraphs are required by IRS to be included in this document:

- 1) 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.
- 2) 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.
- 3) 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 email at [complaints@tigttreas.gov](mailto:complaints@tigttreas.gov).

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Taxpayer Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Spouse Printed Name

\_\_\_\_\_  
Date

Please mail this form back to: Tax Management Services, Inc. 828 Cherry Street, Green Bay, WI 54301 or 566 Red Bird Circle, De Pere, WI 54115 or fax back to 920- 432-0120 (Green Bay Office) or 920- 632-7212 (De Pere Office).

Office Use Only: Request taken by \_\_\_\_\_