

Synergy Tax & Accounting Inc.
Vancouver Wcuj kpi vqp
360-719-9221

CONSENT TO DISCLOSURE OF TAX INFORMATION

To:

Federal law requires this consent form to be provided to you. Unless authorized by law, I cannot disclose, without your consent, your tax return information to third parties for purpose 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 information from further use or distribution.

You are not required to complete this form. If I obtain your signature on this form by conditioning my 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 you specify. If you do not specify the duration of your consent, your consent is valid for one year.

I _____, authorize Synergy Tax & Accounting Inc. to disclose to _____ my tax return information as below described.

The purpose of disclosure is _____

The information to be disclosed is _____ tax returns and tax return information for the year (s) _____.

The information is to be disclosed to: _____

With an address of: _____

This consent shall be valid for one year or until _____

Signature _____ Date _____

Printed Name _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail to: complaints@tigta.treas.gov