



Date:

Company Name

Address

City, State Zip

Please return completed form to:
Fax: 920-991-0863
E-mail: maryjo@fvcpa.com

CONSENT TO DISCLOSURE BUSINESS TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose or use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. Tax return information shall include any and all information located on your tax return.

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. 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 Fox Valley CPA's, LLC to disclose tax return information to the following recipient:

Tax Year(s)

Recipient's Name

Recipient's Business Name

Recipient's E-mail Address

Recipient's Fax Number

Your Company Name

Officer Signature & Title

Date Signed

Consent Valid Until

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 E-mail at complaints@tigta.treas.gov.

Please feel free to contact us at 920-991-0862 if you have any questions or would like more information regarding our privacy and confidentiality policies and procedures.