



Small Business Payroll and Bookkeeping Service
10 Linden St., Spencer, MA 01562
(508) 637-2800

AUTHORIZATION TO RELEASE INFORMATION

Federal and state laws require this consent form be provided to you. Unless authorized by law, we cannot disclose your payroll tax returns or payroll information to third parties for purposes other than the preparation and filing of your payroll tax returns without your consent. If you consent to the disclosure of your payroll information and payroll tax return information, federal or state laws may not protect your payroll information or payroll tax returns from further use or distribution.

You are not required to complete this form to engage our payroll tax return preparation services. If we obtain your signature on this form by conditioning our payroll information and payroll tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your payroll information and payroll tax returns, **your consent is valid for a maximum of 6 months** from the date of signature. You may specify a shorter duration, but consent will not be extended beyond 6 months from the date of signature.

Purpose for disclosing information: _____

Recipient name(s): _____

The duration of this consent will continue as indicated below, unless AccounTek Advantage, LLC is notified in writing to no longer disclose your tax return information to this recipient.

___ Remain effective to the lesser of the extent AccounTek Advantage, LLC is engaged or 6 months

___ Other: _____

If you approve the disclosure of your tax return information to _____ for the duration indicated above, please sign below. Please note this release is to send copies of payroll information and payroll tax returns ONLY as we will not discuss or answer question(s) about payroll tax returns with third parties. If this is for an insurance audit, the audit questions will be answered on your behalf, but ultimate responsibility of the audit still remains your responsibility.

Signature: _____

Date: _____

Name: _____

Title: _____

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.

OFFICE USE ONLY:

Date revocation received: _____

Revocation received by: Phone Fax In Person E-Mail

Employee receiving/processing form: _____

Employee Signature: _____