



**P.O. Box 840
Belgrade, MT 59714**

Telephone 406 414 7764

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CONSENT TO DISCLOSURE OF ACCOUNTING/TAX INFORMATION

Please keep a copy of this signed consent form for your records. A fee may be charged to provide the requested information.

This form is being completed for:

Individual Name(s): _____

Corporate Business Name: _____

Partnership/ LLC Business Name: _____

Other Description: _____

By signing below, I/We authorize Twin Peaks Tax & Accounting to disclose the following information that I/We provided to Twin Peaks Tax & Accounting or Twin Peaks Tax & Accounting prepared per our contractual agreement:

Individual Tax Return for Year(s): _____

Business Tax Return for Year(s): _____

Payroll Tax Returns for Year(s): _____

Accounting Records for Year(s): _____

Other: all source records related to the above. _____

For the purpose of: () Home Mortgage () Other Loan () Other: tax services – or _____

Please disclose the information to the following recipient via: () Mail () Fax () E-mail

Name: _____ Business: _____

Address: _____, _____, _____

Fax: _____ E-mail: _____

This Consent Expires On: ___/___/___ OR () is valid for one year.

Federal law requires that this consent form to be provided to you. Unless authorized by law, Twin Peaks Tax & Accounting 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 for further use of distribution. You are not required to complete this form. If Twin Peaks Tax & Accounting obtains 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 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. 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@tiqtareas.gov.

By signing this form, you acknowledge that facsimile and e-mail are not secure methods of communication and that instructions may be intercepted, lost, destroyed, corrupted or delayed in transmission. By signing this form you hereby indemnify Twin Peaks Tax & Accounting from all losses, contractual claims, tort (including negligence) claims, direct, indirect or consequential loss related to this authorization and/or transmittal of the subject documents.

Taxpayer/Client Signature: _____

Date: ___/___/___

If you have any questions, please do not hesitate to contact us.

Twin Peaks Tax & Accounting
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