



3030 E Market St
YORK, PA. 17402
717-757-5482 / FAX 717-757-5896
Accountingservicesofyork.com

"We'll count the beans... you enjoy the coffee"

RELEASE CONSENT FORM

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use or 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.

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 a period of one year.

I, _____ authorize Accounting Services of York, LLC
to use/disclose to _____ tax return or
other financial information for the following period(s) _____,
regarding (self/business) _____.

Client Signature

Date

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 by telephone at 1-800-366-4484 or by email at complaints@tigta.treas.gov.