



**P. O. Box 4662
Mooresville, NC 28117-4662
(704) 799-3058 Phone
(704) 799-3059 Fax**

DISCLOSURE OF INFORMATION CONSENT

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot disclose, without your consent, any personal or business(es) information that Payroll, Inc. has collected to third parties. If you consent to the disclosure of your information, Federal law may not protect your 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 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 one year.

I, _____, authorize Payroll, Inc. to disclose to _____ my personal or business(es) information as below described.

The purpose of this disclosure is to _____.

The information to be disclosed is _____.

The information is to be disclosed to _____.

With an address of _____.

This consent shall be valid for one year or until _____.

Signature: _____

Date: _____

There is a fee of \$50 to transmit this information. If you would like Payroll, Inc. to draft this money from your established account with us, please sign and date below. Funds will be drafted within 24 hours of receiving this authorization.

Signature

Date

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 1-800-366-4484, or by e-mail to: complaint@tigta.treas.gov