



**Authorization for Use of Tax Return Information to Provide other  
Requested Accounting and Tax-related Services**

**Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of 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 that you specify. If you do not specify the duration of your consent, your consent is valid for one year.**

\_\_\_ I am aware that **D A Rainsberger Co** is in the business of providing tax and accounting services beyond tax return preparation and tax representation, specifically year- round accounting, consultation and tax planning services. I consent to the use of my tax information, at my request, for the purpose of making recommendations to me, including, but not limited to the following:

- Tax advisory related to life events such as marriage, divorce, college expense, stock options and estate planning;
- Advice and planning related to tax treatment of investments, including acquisition and sale or exchange of real estate or retirement plans;
- Year-end tax planning including the preparation of revised estimated tax payments, minimum required distributions; and
- Responding to other tax and financial questions I may have.

Having full knowledge of my rights in these matters, I affirmatively state that such services are an integral part of the total tax services for which I have contracted **D A Rainsberger Co**. I hereby authorize **D A Rainsberger Co** to use tax return information, which I furnish, to provide me with tax related accounting and tax services and responses to questions I later raise related to my personal income or business tax matters.

I understand that beyond the specific purpose of providing services I request, no tax return information will be disclosed to any other person or for any purpose not specifically allowed by law or by subsequent approval by me.

Tax Payer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse 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 (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov)**