

**Taxpayer Instructions: Form 6**  
**TAXPAYER CONSENT FORM – OTHER SERVICES**

1. You must provide this completed consent form to your Padgett Representative before the use of your tax return information, but no later than the presentation of your tax return for your signature.
2. “Taxpayer(s) name(s)” must be either the individual 1040-filer’s name (and spouse’s name if applicable), or the legal/DBA name of your business tax entity.
3. If a joint return applies, this form must be signed by both you and your spouse.
4. If the taxpayer is a minor, this form should be signed by both the minor (if the minor will be signing the tax return) and the minor’s parent or legal guardian.
5. If a return other than a 1040 applies (i.e., form 1120, 1120S, or 1065), this form must be signed by the entity’s representative as identified on the form.
6. Do not leave **any** field blank. Enter N/A if the blank line does not apply.

Sample signature sections:

Taxpayer(s) name(s): Joe & Mary Taxpayer  
Taxpayer’s representative (if applicable): N/A Title: N/A  
Signature: Joe Taxpayer Date: 1/26/2009  
Signature: Mary Taxpayer Date: 1/26/2009

Taxpayer(s) name(s): Jessica Taxpayer  
Taxpayer’s representative (if applicable): Joe Taxpayer Title: Guardian  
Signature: Jessica Taxpayer Date: 1/26/2009  
Signature: Joe Taxpayer Date: 1/26/2009

Taxpayer(s) name(s): ABC Specialties, Inc.  
Taxpayer’s representative (if applicable): Joe Taxpayer Title: President  
Signature: Joe Taxpayer Date: 1/26/2009  
Signature: N/A Date: N/A

## TAXPAYER CONSENT FORM - OTHER SERVICES

You have asked our firm, \_\_\_\_\_, d/b/a Padgett Business Services® (hereinafter referred to as “the Firm”), to prepare your income tax return. For your convenience, we offer other products and services to business and individuals. To determine whether any of these services may be of interest to you, we may need to use your tax return information. The IRS requires the following two paragraphs to be included on this consent form:

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.

The duration of your consent granted by this form shall be 5 years unless you indicate otherwise.

We fully support the taxpayer protection afforded by this law and are committed to complying with the IRS regulations that implement it. However, under this law, without your consent, we would not be able to discuss our other products and services with you. By providing your consent, you will permit us to continue to offer you personalized service while remaining in full compliance with this law.

If you agree to allow us to use your tax return information to determine whether these services are relevant to you, please check the corresponding box(es) and complete the remainder of the form.

I authorize the Firm to use any information I provide to them to prepare my tax return for the year \_\_\_\_\_ in order to determine whether to offer me the opportunity to discuss **payroll available from ADP**.

I authorize the Firm to use any information I provide to them to prepare my tax return for the year \_\_\_\_\_ in order to determine whether to offer me the opportunity to discuss **Pay-by-Pay Workers' Compensation Insurance** available from ADP Insurance Services.

I authorize the Firm to use any information I provide to them to prepare my tax return for the year \_\_\_\_\_ in order to determine whether to offer me the opportunity to discuss **credit card processing services and software** available from Co-Card.

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I authorize the Firm to use any information I provide to them to prepare my tax return for the year \_\_\_\_\_ in order to determine whether to offer me the opportunity to discuss **equipment financing** available from Wirth.

I authorize the Firm to use any information I provide to them to prepare my tax return for the year \_\_\_\_\_ in order to determine whether to offer me the opportunity to discuss \_\_\_\_\_ available from \_\_\_\_\_.

Taxpayer(s) name(s): \_\_\_\_\_

Taxpayer's representative (if applicable): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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).

INTERNAL USE ONLY:			
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