

GTC Taxes & Payroll

1. Consent to Use of Tax Return Information (IRS Regulation §7216 Required)

I authorize GTC Taxes & Payroll to use the information I provide to prepare my tax return to offer me other products and services, including financial consulting, bookkeeping, and payroll support. I understand that I am not required to sign this form to receive tax preparation services.

This consent is valid for one year from the date of signature unless revoked earlier in writing.

Taxpayer Name: _____

Signature: _____

Date: _____

2. Consent to Disclose Tax Return Information (IRS Regulation §7216 Required)

I authorize GTC Taxes & Payroll to disclose my tax return information to the following third parties for the purpose of:

- Bank product applications (e.g., refund transfers or advances)
- Payroll or bookkeeping services
- Tax resolution or audit support services
- Other: _____

I understand that I am not required to sign this form unless I wish to authorize this disclosure. This consent is valid for one year unless revoked earlier in writing.

Taxpayer Name: _____

Signature: _____

Date: _____

3. Product Application & Fee Disclosure Acknowledgment

I acknowledge that GTC Taxes & Payroll has reviewed the details of any product application (e.g., refund advance, refund transfer, audit protection) and that I have been given the opportunity to ask questions and decline participation.

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I further understand that all applicable fees associated with the product(s) have been clearly disclosed to me and that I have voluntarily elected to apply.

Taxpayer Name: _____

Signature: _____

Date: _____

4. Prep Fee Over \$400 Disclosure & Acknowledgment

I acknowledge that my tax preparation fee with GTC Taxes & Payroll exceeds \$400 and has been reviewed and approved prior to services being completed. I understand the fee structure, payment options, and agree to proceed with services.

☐ I approve the total tax preparation fee.

☐ I decline to continue and will not proceed with services.

Quoted Fee Amount: \$_____

Taxpayer Name: _____

Signature: _____

Date: _____