

Consent for Third Party Contact

Go to www.irs.gov/Form2624 for the latest information.

| | |
|-------------------------|-----------------------------|
| Name(s) shown on return | Your social security number |
|-------------------------|-----------------------------|

You must use this form to authorize the IRS to contact a third party on your behalf or to revoke that authorization.

Part 1. Information Return Filed with IRS (e.g., financial institution, employment, or other payer records)

For determining an income tax liability, I authorize _____ to disclose to the IRS, for a period of three months from the date of this consent, records pertaining to any information returns filed by _____ for the taxable year _____. I understand I may revoke this consent at any time before the records are disclosed. I am mailing this consent both to the IRS and to _____.

If the payer is a financial institution, I understand a financial institution may not disclose my financial records except as permitted or required by law, a financial institution can't require this consent as a condition of doing business with it, and I may request from the financial institution a copy of a record of any disclosure the institution makes to the government.

The financial institution/employer/payer cannot be contacted on your behalf without a signed consent.

| | | |
|---|------|--------------------------|
| Your signature | Date | Daytime telephone number |
| Spouse's signature (if a joint account, both must sign) | Date | Daytime telephone number |

Part 2. Provide the below information to allow us to associate your consent with our records

| | | |
|-----------------------------------|---------------|--------------------------------|
| 1. Taxpayer identification number | 2. Payer name | 3. Account number |
| 4. Payer street address | | 5. Payer city, state, ZIP code |

Part 3. Revoking Consent

I revoke the previously submitted consent for _____ to disclose to the IRS all records pertaining to any information returns filed by _____ for the taxable year _____.

| | | |
|---|------|--------------------------|
| Your signature | Date | Daytime telephone number |
| Spouse's signature (if a joint account, both must sign) | Date | Daytime telephone number |

Instructions for Form 2624, Consent for Third Party Contact

Use the following information for completing Form 2624.

Before completing this form, you must first request corrected income statements or written verification of the correct amount of income paid to you from the financial institution, employer, or payer. If you are unable to acquire the information, you may request the IRS to contact the financial institution, employer, or payer on your behalf. For the IRS to take these actions, we require your consent.

Part 1 Information Return Filed with IRS (e.g., financial institution, employment, or other payer records)

Complete the blank fields to provide the name of the financial institution, the employer, or other payer/debtor who reported the income amount in question to the IRS and the tax year it was received.

Be sure the income recipient signs the consent form. If both you and your spouse are on the information document in question, you both must sign. The financial institution/employer/payer cannot be contacted on your behalf without a signed consent.

EXAMPLE: For determining an income tax liability, I authorize **Pine Bank** to disclose to the IRS, for a period of three months from the date of this consent, all records pertaining to any information returns filed by **Pine Bank** for the taxable year **2016**. I understand I may revoke this consent at any time before the records are disclosed. I am mailing this consent both to the IRS and to **Pine Bank**.

Part 2 Provide the below information to allow us to associate your consent with our records.

Line 1. Provide the taxpayer identification number/employer number for the information document in question.

Line 2. Provide the name of the third party in question.

Line 3. Provide the account number if available.

Line 4. Provide the street address for the third-party document in question.

Line 5. Provide the city, state, and zip code of the third-party document in question.

Part 3 Revoking consent

To revoke the previously submitted consent, complete the blank fields to provide the name of the financial institution, the employer, or other payer/debtor who reported the income amount in question to the IRS and the tax year it was received. Be sure the income recipient signs the consent form. If both you and your spouse are on the information document in question, you both must sign.

Return the signed Form 2624 to the IRS office listed on the most recent notice or letter you received.