

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Appendix W2

MDRC IRS CONSENT TO DISCLOSE FORM

Consent to Disclose Taxpayer Information Collected During All Years of the Paycheck Plus Study

United Way has been chosen to take part in the Paycheck Plus Study, an expansion demonstration of income tax credit. MDRC, a not-for-profit research company, is working with United Way to conduct the Paycheck Plus Study. A survey firm will also help MDRC gather information for the study.

Thank you for expressing your interest in taking part in the Paycheck Plus Study. By signing this form you will be giving your consent to share information from your tax return and other information collected at United Way during 2016, 2017, 2018, and 2019.

INFORMATION:

Full Name and Date of Birth	Sources of Income	Earnings from W2 forms
Social Security Number	Taxes and Credits	Business Income
Contact information	Adjusted Gross Income	Business Net Profit/Income
Filing status and Refund Amounts	Number of Dependents	Date of filing

DISCLOSURE:

- All the information listed above from your tax returns collected at United Way in 2016, 2017, 2018, and 2019 will be released to MDRC.
- Contact information collected from your tax returns will be shared with the survey firm to possibly contact you at a later date and invite you to answer additional survey questions.

PURPOSE:

- Information released to MDRC will be used to
 - a) Facilitate payment of your earning bonus, if you are assigned to the Paycheck Plus group.
 - b) Conduct research on the effects of the Paycheck Plus Study.
 - c) Help a survey firm possibly contact you at a later date and invite you to answer additional survey questions.

CONSENT GRANTED: I/we the taxpayer(s), have read the above information and hereby CONSENT to United Way Disclosure of information from my/our tax return for the purposes stated above. **Duration of Consent: 5 years.**

Taxpayer signature: _____ Date: _____

Print name: _____

Spouse's signature: _____ Date: _____

Print name: _____

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from being used further 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. 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.

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