COMPLAINT FORM

STATE OF MARYLAND

DEPARTMENT OF LABOR, LICENSING AND REGULATION
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
BOARD OF INDIVIDUAL TAX PREPARERS

500 NORTH CALVERT STREET, THIRD FLOOR - BALTIMORE, MARYLAND 21202-3651
(410) 230 6244

TYPE OF COMPLAINT - PLEASE CHECK

Tax Services
Other

PLEASE BE ADVISED THAT BY FILING THIS COMPLAINT IT MAY BE NECESSARY FOR YOU TO APPEAR AT A FORMAL HEARING BEFORE THIS BOARD/COMMISSION OR IN CRIMINAL COURT.

DO NOT WRITE IN THIS SPACE

OFFICE RECORD

		BEFURE THIS B	SUARD/COMIN	II NO MOICEIN	CRIMINAL COURT.		
I. YOUR NAME	LAST			2. COMPLAINT AGAINST			
FIRST MIDDLE INITIAL				TRADING AS			
STREET ADDRESS				STREET ADDRESS	,		
STREET ADDRESS				STREET ADDRESS	S		
CITY	COUNTY	STATE	ZIP	CITY	COUNTY	STATE	ZIP
HOME PHONE	W	ORK PHONE		PHONE	PAGE	R	
CAN BE CONTACTED AT THE E-MAIL ADDRESS	E E-MAIL ADDRESS BELOW:	YES NO		E-MAIL ADDRESS			
-	FORMATION into an engagement of the distribution of the distributi	_	ntract?	YES \(\ \) NO	If "YES" was the contrac	t □\ Oral	□\ Written?
(Give name of	individual and/or	company)					
Did the person	represent that he	/she is a licensed	d CPA?	□\ YES	□\ NO		
If the person in	ndicated that he or	she is a CPA, this	complaint sh	ould be filed w	rith the Maryland Board of P	ublic Account	tancy.
Date of contra	ct (Month, Day, Ye	ear)	·		Amount of contract?		•
Did you pay fo	r the services?	□\ YES	□\ NO		If "YES" give amount \$		
l Nama of narao	a who oatually did	the work or perfe	rmad tha aan	ilaa			
_	n who actually did	the work or pend	imea me serv		ark was parformed		
Date the work	was started	MONTH / DAY / YEAR		Lasi date w	ork was performed	MONTH / DAY / YEAR	
Is there an arb	oitration clause in t	he contract?	□\ YES		□\ NO		
					order in which it occurred necessary. Type or print leg		copies of any
CERTIFY UNDER PE NFORMATION AND B		THAT THE INFORMA	TION CONTAINE	D HEREIN IS TRU	JE AND CORRECT TO THE BEST	OF MY KNOWL	EDGE,
	(SIGNATUR	RE OF COMPLAINANT)				(DATE)	

TAX INFORMATION AUTHORIZATION

l,		, taxpay	, taxpayer identification number,				
do hereby autho	orize the Maryland	State Board of Individ	lual Tax Preparers, a unit of the Maryland				
Department of L	abor, Licensing and	l Regulation, its mem	bers, officers, staff, and counsel (hereinafter				
collectedly the "	Board") to inspect	and/or receive confic	lential tax information related to income taxes				
including, but no	ot limited to, Maryl	and Income Tax Form	502, federal income tax form 1040, and related				
schedules and w	ork papers, as well	as other confidential	tax information, related to any State or federa				
income tax filing	s for tax years 2014	4 and 2015 made in n	ny name and/or using my taxpayer identification				
number, for use	in any investigation	n, hearing, or other a	ction, as the Board shall deem appropriate,				
against any indiv	vidual tax preparer	or person providing,	attempting to provide, or offering to provide				
individual tax pr	eparation services.						
Signature			Date				
Printed Name							
Street Address		Apt.					
City	State	Zip Code					
Witness							
Printed Witness	Name						

The State Board of Individual Tax Preparers qualifies and registers persons who prepare tax returns for members of the public. An individual is required to be properly registered by the Board before providing individual tax preparation services in Maryland. Registration holders are required to conform to a code of professional conduct. The Board is authorized to deny registration, reprimand a registered individual, or suspend or revoke a registration.