

CONSENT TO DISCLOSURE OF TAX RETURNS OR OTHER INFORMATION

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

I, _____, title _____ Company name (if applicable) _____ DO HEREBY authorize **DARNELL CPA PLLC**

THE TIMELY release (deliver, fax, mail, or otherwise relay) of:

- Tax Returns for specified years _____
- Partial Returns, forms, schedules, or working papers _____
- Unaudited statements _____
- Other Confidential information _____

TO

- Name of Bank or Company _____
- Person Receiving the Information _____
- Mailing Address, Fax number, or email address _____

Duration of consent _____

Purpose for Release _____

Printed Name of: Taxpayer _____ Joint Taxpayer _____

Signature of: Taxpayer _____ Joint Taxpayer _____

Signature Date: Taxpayer _____ Joint Taxpayer _____

Last 4 digits of SSN: Taxpayer _____ Joint Taxpayer _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov