

CLIENT CONSENT TO USE TAX INFORMATION

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. In addition to tax preparation services, this firm is in the business of providing year-round financial consultation and tax planning services. These services cannot be provided without your consent.

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.

Consent to Use

I consent to the use of my tax information for purposes other than preparing my tax return. I consent for you to communicate with me via newsletter, e-mail, website, phone, or other means with information and recommendations that may be of use to me, including but not limited to:

1. **Tax Advice.** Advisory services relating to events in my life that have tax consequences such as college, investment transactions, marriage, divorce, and retirement.
2. **Tax Planning.** Services related to retirement planning, social security planning, minimum required distributions from retirement accounts, and other planning services.
3. **Investment and Asset Advice.** Services relating to the tax considerations of buying, selling, and exchanging property including stocks, bonds, and real estate.
4. **Other Tax and Financial Advice.** Services related to responding to your tax and financial questions.

By signing this form you expressly consent to the use of your tax information for the purposes of providing these auxiliary tax and financial services for you. I understand the firm is using tax information furnished by me to provide me with the services listed here.

I also understand that I may terminate this consent at any time by providing a written request for termination. Except upon approval by me or as required by law the firm will not disclose my confidential tax information to any other person or for any other purpose.

I also acknowledge that I have read and understood the Firm's Privacy Policy provided within this document.

Duration of this consent: _____

(One year from date of signature if left blank)

Name (print): _____ Spouse's Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

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 OR TAX ADMINISTRATION (TIGTA) BY PHONE AT 1-800-366-4484 OR BY EMAIL AT COMPLAINTS@TIGTA.TREAS.GOV.