

CONSENT TO DISCLOSE TAX RETURN INFORMATION

Please keep a copy of this signed consent form for your records.

Federal law requires this consent form be provided to you. Unless authorized by law, TASHA HELMS, CPA, PC cannot disclose, without your consent, your tax return 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 information, Federal law may not protect your tax return 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 time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Name of Taxpayer: _____

By signing below, I/we authorize TASHA HELMS, CPA, PC to disclose the following tax return information or other information:

Type of tax return(s) (i.e. 1040, 1065, 1120, 1120S, etc) _____

Tax period(s)/year(s) _____

Entire tax return, or Only the following pages/schedules: _____

Any attachments? (W2s, 1099s, Schedule K-1s, etc): _____

for the purpose of: Home Mortgage Other Loan Other: _____

Please send the information to the following recipient via: Mail Fax Email

Name: _____ Company: _____

Address: _____

Fax: _____ Email: _____

This consent expires on: ____ / ____ / ____ or Valid for one year

Taxpayer Signature: _____ Date: ____ / ____ / ____
(Last 5 digits of SSN for electronic signature)

Spouse Signature: _____ Date: ____ / ____ / ____
(Last 5 digits of SSN for electronic signature)

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 1-800-366-4484, or by email at complaints@tigta.treas.gov