

CONSENT

TO: Name of the tax return preparer: __ (NAME OF PREPARER OR FIRM) _____

FROM: Name of the taxpayer(s): __ (TAXPAYER'S NAME) _____

You have my consent to share a copy of and/or discuss my Federal tax information for calendar year(s) __ (year(s)) __ with __ (person's name) __ of __ (person's firm) for purposes of a __ (i.e., mtg loan, FAFSA, etc.) __.

We understand this consent to disclose our tax return information may not protect our tax return information from further use or distribution by the recipients of the information.

This consent is valid for one year from the date signed below, unless terminated earlier by written notification from the taxpayer.

Signature of taxpayer

Date

Signature of taxpayer

Date