



DALBY, WENDLAND & CO., P.C.

CPAs and Business Advisors

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we 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 amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

You are requesting the disclosure of your tax return information (a copy of your tax return) to _____ for the purpose of _____. Pursuant to Internal Revenue Code §7216 and the Regulations there under we request that you provide this information and sign and date your consent to this disclosure below.

This consent authorizes the disclosure of your complete income tax return and all information contained therein to the third party identified above. You may request that we provide the named third party with limited information from your tax return. If you wish to request that we limit disclosure of your income tax return information please write the limitations requested below your signature(s).

If this consent is for a flow through entity, only the Federal tax return can be disclosed with no K-1s attached unless we have written consent from each K-1 recipient.

All time and expenses (*e.g.*, copying charges) in providing the Documents to and in discussing them with the Recipient, if requested, will be charged to you in accordance with my/our normal rates and you agree to pay these charges in the manner provided in my/our engagement letter for tax services.

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I (We) authorize Dalby, Wendland & Co., P.C. to disclose our tax return information for the year(s) ended _____, _____, _____ in whole (or if requested by me (us) or the third party, in part) to _____ for the purpose identified above. I (We) authorize you to continue to provide the requested information for a period to end on _____ (if no date is completed this authorization will expire one year from the signature date(s)).

Individual or Business/Entity Name	Signature	Date
Spouse Name (if married filing joint) or Business/Entity Name	Signature	Date
Business/Entity Name	Signature	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 for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

For DWC office use only:

Contacted By: _____ Date: _____

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