

Shannon & Associates, LLP

CERTIFIED PUBLIC ACCOUNTANTS & MANAGEMENT CONSULTANTS

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. Therefore, please state the last date, within one year, which the tax return information may be disclosed to.

Disclosure allowed to (recipient of the tax return information):

Disclosure allowed until: (Date specified) _____

Shannon & Associates, LLP will provide a complete copy of your income tax return to the above named party in conjunction with (purpose, eg. home mortgage)

A more limited disclosure may be provided as you direct.

I (we) _____ (client name (s)), authorize Shannon & Associates, LLP to disclose to the information as stated above for the tax year ended

Signature: _____

Title (if for entity)

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.