Consent to Disclose Information

Federal law requires us to provide this consent form to you. Unless authorized by law, we cannot disclose your tax return information to third parties without your consent. 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. However, 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 1 year from the date of signature.

| I, | , authorize Haukeness Tax & Accounting and | |
|---|--|--|
| (taxpayer name) | | |
| employees to provide to | any information (receiving party) | |
| concerning my(tax years) | individual income tax return, inclusive of any | |
| schedules, worksheets, or other supporting documentation. | | |
| | | |
| | | |

| Taxpayer 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 800.366.4484, or by e-mail at complaints@tigta.treas.gov.