

CONSENT FOR ENTIRE DISCLOSURE OF TAX RETURN INFORMATION (Business)

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 not required to disclose your entire tax return. You may request a more limited disclosure of your tax return information.

SPECIFY TO WHOM AND FOR WHAT THE CONSENT IS BEING GIVEN

If you agree to allow David Oase CPA PC to disclose your tax return information, including your SSN, to the person/business named below, please sign and date your consent to the disclosure of your tax return information.

I, _____, of _____
(Name of your Partnership/Corporation)

authorize David Oase CPA PC to disclose to

{ Person/Entity to whom information is being given }

my tax return for the year _____ including all K-1s for the purpose of _____

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.

Please note there is a \$5.00 charge for each copy requested.