

**Halt Buzas & Powell, LTD (HB&P)**  
**CONSENT TO USE OF TAX RETURN INFORMATION**

**Federal law requires this consent form be provided to you.** Unless authorized by law, we cannot use, without your consent, your tax return information 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.

Taxpayer hereby consents to the use by HB&P of any and all tax return information contained in the taxpayer's federal income tax return (Forms 1040, 1040NR, 1040A, 1040EX, etc. and supporting schedules) for the purposes of mailing, including electronic transmission, to the taxpayer information pertaining to:

- Providing your name, mailing address and/or email address to a mail processing company or e-newsletter service **strictly** for the purpose of distributing HB&P newsletters, HB&P webinars, events, press releases, and other HB&P communications.
- Providing copies of your tax return, **at your specific request**, to your bank, investment advisor, Mortgage Company, or other third party. You may indicate below the name of the third party to whom HB&P can disclose your tax return or you may provide this information at a later time if/when the need arises.

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**Consent to disclosure:** Please check the oval to give or deny HB&P consent to disclose your tax return information for the purpose given above.

- I consent** to disclosure of my tax information. This consent remains in effect (check one):
  - As long as I engage HB&P to complete my tax returns
  - Until the date specified \_\_\_\_\_
- I do not consent** to disclosure of my tax return information.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Spouse's Signature: \_\_\_\_\_

Please print and fax this completed form to Carol Mount, Tax Manager at 703-836-2159, or email a PDF to Carol Mount at [cmount@cpas4you.com](mailto:cmount@cpas4you.com) If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov) .