

FLYNN ABELL NIXON LLC

Certified Public Accountants

Suite 550 • 7979 Old Georgetown Road • Bethesda, Maryland 20814
(301) 951-1019 • Fax (301) 951-4121 • www.flynnpcpas.com

CONSENT TO DISCLOSE TAX RETURN INFORMATION

Name of tax return preparer: **FLYNN ABELL NIXON LLC**

Name of taxpayer(s): _____

I, the taxpayer identified above, hereby consent to the disclosure of my Tax Year(s) _____ tax return schedules listed below to:

Name of recipient _____

Address of recipient _____

Email of recipient _____ Fax # of recipient _____

Preferred Method of Delivery: E-mail _____ Fax _____ US Postal Svc _____

Intended purpose of disclosure _____

Schedules of tax return to be disclosed _____

If disclosing all of tax return, please explain why more limited disclosure would not suffice:

The tax return may not be used for any purpose not specifically prescribed above.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to 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 to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation 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 from the date of signature.

If you believe that your rights have been violated

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) at 1-800-366-4484, or by email at complaints@tigta.treas.gov

SIGNATURE

DATE

SPOUSE SIGNATURE

DATE