



NELSON CPAs

CONSENT TO DISCLOSURE OF FINANCIAL INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your financial information to third parties. If you consent to the disclosure of your financial information, Federal law may not protect your financial 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 have indicated that you would like us to share information from your _____ tax return(s) and the following financial information: _____ with:

Name and contact information _____

I (we) authorize Nelson CPAs, LLC to disclose to the party named above my (our) tax return information for the year(s) specified above. I (we) understand I (we) have the right to limit the consent to specific information, not just authorized disclosure of the entire return. Recognizing that right, I (we) consent to the use of my entire tax return.

Name (please print): _____

Signature(s): _____

Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone (1-800-366-4484) or email (complaints@tigta.treas.gov).