



NELSON CPAs

CONSENT TO REQUEST FINANCIAL INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot request, receive, discuss or disclose, without your consent, your financial information from/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 authorize us to request and receive financial information from a third party, 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 obtain information from:

Name and contact information _____

Information requested _____

I (we) authorize _____ to Nelson CPAs, LLC the information indicate above.

Signature(s): _____

Date: _____

If you believe your financial 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) at 1-800-366-4484, or by email to: complaints@tigta.treas.gov.