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(We have highlighted in RED the areas we
request you to complete)

January 20xX

Your Name
123 Your Street
Your City, MI 12345

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form to 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.

We, NEIL S. KAHN, P.C., a U.S.-based firm may disclose your 20XX tax return information to the entities listed below. The information disclosed may include information furnished to for or in connection with the preparation of your tax return(s); information derived or generated by NEIL S. KAHN, P.C. from the information furnished; and/or tax return information associated with prior years' returns in the possession of NEIL S. KAHN, P.C. The information disclosed may also include all information contained within your tax return(s); if you wish to request a more limited disclosure of your tax return information you must inform NEIL S. KAHN, P.C.

If you and your spouse would like to agree to allow NEIL S. KAHN, P.C. to disclose your tax return information to the entities listed below, initial next to the authorization declaration below, sign and date this consent to the disclosure of your 20XX tax return information.

| X I, Taxpayer Name authorize NEIL S. KAHN, P.C.
to disclose to the following my 20 tax return information.

Your Signature Here
Taxpayer Signature

| Date You Signed Here _____
Date Signed

| X I, Spouse Name authorize NEIL S. KAHN, P.C.
to disclose to the following my 20 tax return information.

Spouse Signature Here
Spouse Signature

| Date You Signed Here _____
Date Signed

Consent Valid Until: One year from 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 e-mail at [complaints@ Tigta.treas.gov](mailto:complaints@Tigta.treas.gov).

Please feel free to contact us at 248-324-0980 if you have any questions or would like more information regarding our privacy and confidentiality policies and procedures.