Phone: 281-962-0310 | Fax: 407-562-4050

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## CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

I (we) authorize Lomness CPA Services, Increlated documents to	c. to disclose all information contained in my tax return(s) and with the following conditions.
Limitations (optional):	
Purpose:	
<b>Duration:</b> This consent will remain valid for please list the date here: (MM/DD/YYYY):	or one year. If you would like to specify an alternate duration,
information is disclosed to a third party, our	IRS and, among other things, points out that once your firm has no control over what the third party may do with your not responsible for any unauthorized use or disclosure of your ased to them.
tax return information to third parties for pu	rovided to you. Unless authorized by law, we cannot disclose your rposes other than the preparation and filing of your tax return disclosure of your tax return information, Federal law may not ther use or distribution.
signature on this form by conditioning our tanot be valid. If you agree to the disclosure o	to engage our tax return preparation services. If we obtain your ax return preparation services on your consent, your consent will f your tax return information, your consent is valid for the amount fy the duration of your consent, your consent is valid for one year
Name (print):	Title (if entity)
Signature:	Date:
Name (spouse print):	
Signature (spouse):	Date:
	as been disclosed or used improperly in a manner unauthorized by act the Treasury Inspector General for Tax Administration or by email to: complaints@tigta.treas.gov.