

FLYNN, ABELL

& ASSOCIATES, LLC

Certified Public Accountants

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CONSENT TO DISCLOSE TAX RETURN INFORMATION

Name of tax return preparer: **FLYNN, ABELL & ASSOCIATES, 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.

We generally are not authorized to disclose your tax return information for purposes other than the preparation and filing of your tax return. We may disclose your tax return information to third parties only if you consent to each specific disclosure. Your consent is valid for one year.

Warning: Once your tax return information is disclosed to a third party per your consent, we have no control over what that third party does with your tax return information. If the third party uses or discloses your tax return information for purposes other than the purpose for which you authorized the disclosure, under Federal tax law, we are not responsible for that subsequent use or disclosure, and Federal tax law may not protect you from that disclosure.

If you believe that your rights have been violated

If you have any questions or concerns about your rights regarding the use or disclosure of your tax return information, visit www.irs.gov/advocate for more information, or contact the Taxpayer Advocate Service of the Internal Revenue Service at 1-877-777-4778.

If you believe we have used or disclosed your information without your permission, you may contact the Treasury Inspector General for Tax Administration at 1-800-366-4484.

SIGNATURE

DATE