

Joel N. Kessler, CPA (NY & FL)
Philip A. Liscia, CPA
Rebecca Gonzalez, CPA
Debra Timms, CPA



KESSLER, LISCIA, GONZALEZ & TIMMS, PLLC
Certified Public Accountants

910 Middle Country Rd
Selden, NY 11784
Phone: 631-732-7575
Fax: 631-732-7161
www.KesslerLiscia.com

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form 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.

Please complete: [To be completed by the taxpayer.]

- Purpose for forwarding information: _____

- Name, address and/or fax number to whom the information is being disclosed to:

- Duration of Consent: _____

I, _____, authorize Kessler, Liscia, Gonzalez & Timms,
CPAs, PLLC to disclose to _____ my tax return information for
20_____.

Signature: _____ Date: _____