

Gudenkauf & Malone, Inc.

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Certified Public Accountants

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CONSENT TO DISCLOSURE OF TAX RETURN AND RELATED INFORMATION

Federal law requires this consent form to be provided to you. Unless authorized by law, Gudenkauf and Malone, Inc. cannot disclose, without your consent, your tax return or other related 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 and other related information, Federal law may not protect your tax return and related information from further use or distribution.

You are not required to complete this form. If Gudenkauf and Malone, Inc. obtains 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 or other related information, your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year.

You have indicated that Gudenkauf and Malone, Inc. may release your:

Entire Tax Return for _____ (Please indicate the year(s) desired.)*

OR

Selected Pages or Schedules:

- _____
- _____
- _____
- _____
- For the following year(s) _____*

* To authorize release of tax information for the duration of this consent, please write "Duration".

OR

Other Tax Related Information (List):

- _____
- _____

To the following listed party or parties:

- _____
- _____
- _____
- _____

By: Fax, E-mailed PDF, Paper Copy (Check all that apply.)

Please read and sign page 2 for authorization and release.

If you would like Gudenkauf and Malone, Inc. to disclose your tax return or other related information to the above listed party or parties, please check the box below, and sign and date your consent to the disclosure of your tax return or related tax return information.

By signing below, I/We authorize Gudenkauf and Malone, Inc. to disclose to the above listed party or parties the above listed Tax Return or Related Tax Return Information for the indicated years. This consent shall remain in effect for _____ years or one year if no term specified.

Signed: _____

Date: _____

Signed: _____

Date: _____

Legal Notice: 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 email at: complaints@tigta.treas.gov.