

DISCLOSURE AUTHORIZATION  
Required by Treasury Regulation §301.7216-3(a)

This form is required by the regulation cited above. If you do not complete this form, we cannot disclose your information to a third party. The information is to be disclosed because of your request. 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.

I, \_\_\_\_\_, authorize Jana W. Helmuth, CPA to:  
(please print)

(check all that apply)

\_\_\_ Provide a copy of my tax return for the tax years \_\_\_\_\_

\_\_\_ Disclose information obtained in the process of preparing my tax return for the tax  
years \_\_\_\_\_.

I consent to this disclosure until: (optional) \_\_\_\_\_

This disclosure may be made to (complete based on method of transmission):

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Signature

Date