

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION



Please keep a copy of this signed consent form for your record,
A fee may be charged to provide the requested information.

Myslajek Kemp & Spencer, Ltd.
1000 Shelard Parkway, 6th Floor
St. Louis Park, MN 55426

This form is being completed for:

<input type="checkbox"/> Individual	Name(s): _____
<input type="checkbox"/> Partnership/LLC	Business Name: _____
<input type="checkbox"/> Corporate	Business Name: _____
<input type="checkbox"/> Other	Description: _____

By signing below, I (We) authorize *Myslajek Kemp & Spencer, Ltd.* to disclose the following information that I (We) provided to *Myslajek Kemp & Spencer, Ltd.* during or in connection with the preparation of my (our) tax returns. If you want less than the entire return disclosed, you may limit the disclosure by setting out the limitations in the space provided below:

Disclosure Limitations:

Individual Tax Return for Year(s): _____	_____
Business Tax Return for Year(s): _____	_____
Payroll Tax Returns for Year(s): _____	_____
Other (Describe): _____	_____

For the purpose of: Home Mortgage Other Loan Other: _____

Please send the information to the following recipient via: Mail Fax E-mail

Name: _____ Business: _____
Street Address: _____ City: _____
State: _____ Zip Code _____
Fax: _____
E-mail: _____

This Consent Expires On: _____ **OR** Valid for one year

Federal law requires that this consent form be provided to you. Unless authorized by law, *Myslajek Kemp & Spencer, Ltd.* 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 for further use or distribution.

You are not required to complete this form. If *Myslajek Kemp & Spencer, Ltd.* 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 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.

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.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

*Note: if married, spouse's signature is **REQUIRED**.

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