TAXPAYER CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION in accordance with Treasury Regulation Sec. 301.7216-3 and Revenue Procedure 2008-35

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.

Duration of Consent (please check one):	
Consent is valid until written not	ice is presented to terminate this authorization
Consent is valid for one year	
Consent is valid for (please spe	cify)
	f an entire return, (I)(we) understand that (I)(we) nformation and the tax preparer must comply with
(I)(We)	hereby
	my)(our) year(s) and future tax, [individual/partnership/corporate (circle one)] tax
Name of Institution:	Attention:
Email address or mailing address of recipient:	
for the purpose of:	
by the preparer of the return:_ CS Accounting	LLC, 1231 Schofield Ave, Schofield, WI 54476
Taxpayer/Partner/Officer	Date
Spouse	Date

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