CLAUDIA A. TRAYNOR CERTIFIED PUBLIC ACCOUNTANT

Authorization for Client Release of Income Tax Information

| Client(s): | | | | |
|---|---|--|---|----------|
| consent, your tax return information and, in certain limited circumstance your tax return information, Federa You are not required to complete the return preparer affects the service to change the terms of service that we | n to third parties for pures, for purposes involved law may not protect your sis form. Because our that we provide to you be provide to you if you to so valid for the amount | rposes other than the ing tax return prepara our tax return inform ability to disclose yo and its cost, we may do not sign this form | by law, we cannot disclose, without you preparation and filing of your tax returnation. If you consent to the disclosure action from further use or distribution. For tax return information to another tax decline to provide you with service or a lif you agree to the disclosure of your ecify. If you do not specify the duration | rn of |
| The abovementioned client(s) he related tax documents to: | reby authorize Claud | lia A. Traynor, CPA | to request Income Tax information a | ınd |
| Name | | | Company | |
| Address | | | | |
| City | | WI | ZIP | |
| Telephone Number | | | Fax Number | er |
| Information requested to be release | ed is: | | | |
| To be used for the purpose of: | | | | |
| For the Tax year(s): | | | | |
| Taxpayer Signature | Date | Spou | se Signature | Date |
| If you believe your tax return inform or without your permission, you ma telephone at 1-800-366-4484, or by | y contact the Treasury | Inspector General for | rly in a manner unauthorized by law or Tax Administration (TIGTA) by | |