

Consent to Disclose Tax Return Information

Tax Return Preparer: Silver Creek Financial Services, Inc.

Name of Taxpayer(s):

Purpose of Consent: To satisfy taxpayer(s) request to disclose tax return information to:

Describe Tax Return Information to be disclosed including tax periods, whether the disclosure will include the entire tax return, and whether additional supporting documents are to be provided (i.e. K-1,1099, etc.):

We generally are not authorized to disclose your tax return information to third parties. We may only disclose your tax return information to third parties if you consent to each specific disclosure. We will not disclose the tax return information for any purpose (not otherwise permitted by law without formal consent) other than that stated in this consent.

Warning: Once your tax return information is disclosed to a third party per your consent, we have no control over what that third party does with your tax return information. If the third party uses or discloses your tax return information for purposes other than the purpose for which you authorized the disclosure, we are not responsible for that unauthorized disclosure, and federal tax law may not protect that unauthorized disclosure. If you would like Silver Creek Financial Services, Inc. to disclose your tax information described above to the above third party, please provide the information requested below, sign and date your consent to the disclosure of your tax return information.

I/We, _____, authorize Silver Creek Financial Service, Inc., to disclose to _____ the tax return information described above. I/We understand that if my/our consent authorizes the disclosure of all information contained within a tax return, a more limited disclosure may satisfy the purpose of the consent. Disclosure of the tax return information described above has been specifically requested by me/us.

Email Requests: If you request that we email a copy of your tax return to a third party you hereby acknowledge that this will be done over an **UNSECURED** connection. Please initial here _____ to certify that you release Silver Creek Financial Services, Inc. from any liability for problems that may arise from the email and its attachments.

Signature _____ Date _____

Silver Creek Financial Service, 175 Hwy 82, Lostine, OR 97857 (541)569-2272 / 569-2269 FAX