BARBARA T. KINDIG PUBLIC ACCOUNTANT

PAUL F. TICE, III PUBLIC ACCOUNTANT ENROLLED AGENT*

*ENROLLED TO PRACTICE BEFORE THE INTERNAL REVENUE SERVICE

TICE ASSOCIATES, P.C. PUBLIC ACCOUNTANTS

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> AFFILIATE PERSONNEL: JAMES F. TICE ENROLLED AGENT*

CONSENT TO USE OF TAX RETURN INFORMATION

Tax Year: _____

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent will be valid for one year from the date of signature.

In efforts to fully serve our clients, from time to time, we provide them helpful information such as firm newsletters, surveys, published articles, press releases, information concerning firm seminars and nontaxrelated services, and announcements pertaining to firm personnel. To determine what items may be of interest to you, we will need to use your tax return information. If you would like us to use your tax return information for this purpose, please check the following box and sign and date this consent form.

- □ I/We authorize Tice Associates, P.C. to use the tax return information contained in my/our federal income tax return and supporting schedules for the indicated tax year for purposes of mailing and/or electronic delivery to me:
 - Information that may be of interest to the taxpayer.
 - Newsletters, including email updates, of accounting firm/preparer and from our affiliates.
 - Financial advice, including tax planning, discussion of investments, and other aspects of your financial life.
 - Surveys, published articles, press releases, and nontax-related services
 - Announcements related to firm personnel.
 - Duration of consent (if other than one year): $\Box 2$ yrs $\Box 3$ yrs $\Box 4$ yrs \Box Other: ____

Name(s) (pr	ease print).		
E-Mail:			
Signature: _		Date:	
	Taxpayer Name		
Signature: _		Date:	
	Spouse Name		
If you belies	ve your tax return informatio	n has been disclosed or used impr	operly in a manner unauthorize

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.

MEMBERS OF NATIONAL SOCIETY OF ACCOUNTANTS

Nama(a) (places print)

MEMBER OF YORK COUNTY ECONOMIC ALLIANCE