

**CONSENT B**  
**INDIVIDUAL CONSENT TO DISCLOSURE OF TAX INFORMATION**  
**FOR FIRM NEWSLETTERS AND MAILINGS**

Federal law requires that 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.

This consent will be valid for a period of ten years beginning on the date this consent is signed. This consent can be withdrawn at any time during the consent period.

Alternate consent period requested if not ten (10) years: \_\_\_\_\_

By signing below, I hereby authorize Schmidt Westergard & Company, PLLC to disclose my name, address, and email address, as obtained during the preparation of my tax return, to its marketing firm, Hulcher & Hays, LLC and its affiliates or successors. The purpose of this disclosure is for including my name and address on the mailing list for firm newsletters, surveys, published articles, press releases, information concerning firm seminars and non-income tax preparation services, and announcements related to firm personnel.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law 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](mailto:complaints@tigta.treas.gov).

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<b>Taxpayer Name</b>	<b>Signature</b>	<b>Date</b>
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<b>Spouse's Name</b>	<b>Signature (if joint return, both must sign)</b>	<b>Date</b>
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*Please retain a signed copy of this consent for your records.*