

Haile & Thomas P.C. Certified Public Accountants

109 N 6th Street Suite A • Gatesville, TX 76528 • Phone (254)865-1251 • Fax (254)248-1455

Agreement for Disclosure of Tax Return Information

This letter is to confirm that you are providing written consent to disclose your federal and/or state tax return information as well as financial statements, related journals, ledgers and other documents to a third party of your designation. Please designate the third party below.

Name					
Fax #	Pho	ne#			
e-mail					
Address				,	
City	Stat	:e	Zip		
If you accept the	se terms please sigi	n and da	ite.		
Signature of auth	orizing individual				
Printed name of a	authorizing individua	al			
)ate	·-				
Jake		_			