LARSEN & COMPANY CPA PC
CERTIFIED PUBLIC ACCOUNTANT

CONSENT FOR DISCLOSURE OF TAX INFORMATION PURSUANT TO IRC SECTION 7216

Date _____

I authorize the following disclosure of my tax information (if a check mark is indicated by "( )", entering a √ indicates yes, leaving it unchecked indicates no):

Information to be disclosed: ( ) 2011 Tax Return ( ) 2010 Tax Return
( ) 2009 Tax return ( ) 2008 Tax return ( ) 2007 Tax return
( ) Other information: _____

Person(s) to whom disclosure is authorized:

_____ _____ _____
Name Company or affiliation email address

The manner in which information is to be disclosed:
( ) Via telephone conversation ( ) Via fax number ( ) -
( ) Via email
( ) Person-to-person meeting
( ) Via U.S. mail

The period of time this authorization and consent covers:
( ) For a period of ( ) one week ( ) one month ( ) one year ( ) other _____
( ) For the period of time it takes to disclose/communicate information requested

Authorization to provide additional information or respond to inquiries:
Should the parties identified above request additional information,
( ) authorization is given to provide additional information related to the initial inquiry without an additional or amended authorization.
( ) authorization is given to respond to inquiries via telephone or email.
( ) authorization is withheld.

Federal law requires 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."

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**.

Do not sign this form if you have not read it and understood what it asks for, and the permissions you are giving us.

Signed:

_____ _____
Name Dated

1621 Commercial Street • P.O. Box 1868
Warsaw, Missouri 65355
Tel. 660-438-4269
Fax 660-438-4609
cpas@larsenco.com • www.larsenco.com