HEMINGWAY CPA INC

550 Club Dr Ste 271 | Montgomery, TX 77316
kevin@hemingwaycpa.com | Questions about this form: hemingwaycpa.com/consent/

AUTHORIZATION FOR DISCLOSURE OF TAX RETURN INFORMATION FOR RETURN PREPARATION: OPTIONAL TOOLS

IRC §7216 | Treas. Reg. §301.7216-3 | Rev. Proc. 2013-14

Type your entries in every field that applies to you. We do not fill in or change anything on this form after you sign it; if a required field is blank, we will return the form to you. Each person signs a separate copy of this form. If you file jointly, list your spouse in Section 1, and your spouse completes and signs their own copy. Mark one answer for every Yes-or-No choice and sign the form whatever you choose, so that your decision is on file; a form with any choice left blank is incomplete, and we will return it to you.

Section 1 — Taxpayer Identification

Taxpayer Name (as on return): _____

Spouse Name (if joint): _____

Entity Name (if applicable): _____

Tax Year(s) to Which This Authorization Applies:

_____

Tax Return Information to Be Disclosed: All information contained in the return(s) for the tax year(s) listed above, including supporting documents and IRS transcripts. You may request a more limited disclosure by describing it here:

_____

Section 2 — Specific Purpose of Disclosure

HEMINGWAY CPA INC will disclose your tax return information to the technology tool(s) marked Yes below for the specific purpose(s) described in that tool's row, to assist in preparing your tax return(s) for the tax year(s) listed above.

Section 3 — Recipient Technology Tools

Federal law requires this authorization to identify the specific recipient(s) to whom your tax return information will be disclosed. HEMINGWAY CPA INC will disclose your tax return information only to the technology tool(s) for which you affirmatively mark Yes below. Mark Yes or No for each tool and initial your choice. Each Yes is a separate authorization; each No is recorded as your decline.

TOOL / VENDOR	PURPOSE OF DISCLOSURE	VENDOR SAFEGUARDS ON FILE	YOUR INITIALS
Anthropic, PBC (Claude, including Claude Cowork and the Claude add-ins for Word, Excel, and PowerPoint) ☐ Yes, I authorize ☐ No, I decline	Assisting in the preparation of your return, with Social Security numbers masked or replaced: scoping your engagement and estimating the fee for preparing your return, organizing and extracting information from your source documents, classifying transactions in the workpapers used to prepare your return, researching and documenting positions taken on your return, quality review of your return before filing, and drafting correspondence about your return.	Business plan, not a consumer account; data stored in the U.S., processing may occur outside the U.S.; prompts/outputs not used for foundation model training; current SOC 2 Type II report and ISO/IEC 27001 certification on file; Data Processing Addendum on file.	Initials: _____
TaxGPT, Inc. (Agent Andrew and TaxGPT Cowork) ☐ Yes, I authorize ☐ No, I decline	Research supporting positions taken on your return; quality review of your return before filing; and entering data from your source documents into our tax software to prepare your return, with Social Security numbers masked or replaced.	Business service built for tax and accounting firms, not a consumer product; SOC 2 Type I and Type II on file; Letter of Attestation on file.	Initials: _____

Required Federal Disclosure Statement

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

Required Statement on Processing Outside the United States

This consent to disclose may result in your tax return information being disclosed to a tax return preparer located outside the United States.

Section 4 — Term of Authorization

This authorization is valid for the duration you state below. If you do not state a duration, it is valid for one year from the date of your signature.

Duration (optional): _____

You may revoke this authorization at any time by written notice to HEMINGWAY CPA INC. Revocation will not affect any disclosure already made in reliance on this authorization prior to our receipt of your written revocation. Revocation stops further disclosure under this authorization. It cannot retrieve information already disclosed; that information remains subject to the recipient's terms with HEMINGWAY CPA INC, and we will ask the recipient to delete it where those terms allow.

Section 5 — Your Rights

Your consent is voluntary. You are not required to authorize any tool. Declining to authorize will not affect the preparation of your tax return or any other services covered by your engagement letter with HEMINGWAY CPA INC. If you decline, we will not use the tools listed above with your information for the purposes described in this form. We ask you to return this form signed even if you mark No for every tool, so that your choice is on file.

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.

Section 6 — Client Signature

By signing below, I authorize HEMINGWAY CPA INC to disclose my tax return information to each technology tool marked Yes in Section 3, for the specific purpose(s) identified in that tool's row, and I decline disclosure to each tool marked No. Electronic signature: type your full legal name in place of a handwritten signature; this field must be completed affirmatively and will not be pre-filled. Also type the date and the email address you will use with HEMINGWAY CPA INC; we compare that email address with the one used to return this form to confirm that the form came from you.

Signature (type full legal name): _____

Date: _____

Email address you will use with HEMINGWAY CPA INC:

_____