Phon e: (818) 243-1977 Fax (213) 984-2653 emai 1 bsandco@aol.com 210 N Central Ave. #100 Glendale, Ca 91203 Web www.8182431977.com

	RETURN/BOOKKEEPING INFORMATION THIRD PARTY
TO: HAIG NASHALIAN / NBS	
	sion for you to discuss or release ving information to:
NAME OF	CONTACT PERSON
СО	MPANY NAME
MAII	LING ADDRESS
PHONE NUMBI	ER OF CONTACT PERSON
Information to be discussed o	r released is limited to:
Purpose for Consent:	
DISCLOSURE OF THE AB	ON 301.7216-3(b), I (WE) CONSENT TO YOUR BOVE STATED INFORMATION. THIS OR NO OTHER REASON, AND EXPIRES ON:
BUSINESS NAME	
TAXPAYER'S/OWNER'S NAME	SPOUSE'S NAME (if Joint Return)
TAXPAYER'S/OWNER'S SIGNATURE	SPOUSE'S SIGNATURE (if Joint Return)
DATE	DATE

Note: A separate consent must be executed for each tax return or subject for which verification or discussion is requested. If verification of a joint tax return is requested, both taxpayers must execute the consent form.