Ledger Technologies, LLC.

Tax and Financial Counselors

CONSENT FOR DISCLOSURE OF TAX INFORMATION PURSUANT TO IRC SECTION 7216

As Tax Matters Person, I authorize the following disclosure of our Partnership tax information (if a check mark is indicated by "( )", entering a ✓ indicates yes, leaving it unchecked indicates no):

Purpose of disclosure:_____

Information to be disclosed:

( ) 2025 Partnership Tax return ( ) 2024 Partnership Tax return ( ) 2023 Partnership Tax return

( ) Other information: _____

Person(s) to whom disclosure is authorized for Select Preparer to communicate with:

_____ Name

_____ Company or affiliation

_____ Email Address

(_____)_____ Phone Number

The manner in which information is to be disclosed:

( ) Via telephone conversation
( ) 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 to 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 email at **complaints@tigta.tres.gov**, or by telephone at 1-800-366-4484.

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

_____ Printed Name and Title

_____ Signed Name

_____ Date

_____ Partnership Name

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