

1177

(Rev. June 2024)

HALCYON CONSENT FORM

Tax Information Authorization Form-8821 can not be processed without a signed **Halcyon Consent Form-1177**.

Purpose: For use by *Provident Savings Bank, F.S.B.* and tax transcript service provider, Halcyon Still Water LLC and its affiliates, ("Halcyon") to retrieve and analyze Your Financial Information as requested by the sponsoring financial institution(s) named below to facilitate your loan processing, including, but not limited to, transmitting such information to third party loan purchasers or quality control servicers, as well as any approved use provided for in the Gramm-Leach-Bliley Act (the "Services"). This includes transmitting such information to Freddie Mac, Fannie Mae as well as determining relevant financial offers, opportunities and approvals.

Halcyon: is a tax preparer and a 3rd party provider licensed with the IRS to retrieve your tax information based on a duly authorized IRS Form 8821. Halcyon is required by the IRS to provide you with the individual names of authorized tax professionals working for the company. On Form 8821 you will see **James McGowan** and **Elizabeth Boonin** identified; these are officers of Halcyon individually authorized by and registered with the IRS.

Federal law: requires this consent form be provided to you. Unless authorized by law, we cannot use or disclose your personal financial information, including your tax transcript data (collectively, "Your Financial Information"), to third parties for purposes other than those directly related to the Services provided without your consent. If you consent to the use and disclosure of Your Financial Information, federal law may not prevent Your Financial Information from further use or distribution.

Information used: "Your Financial Information" includes any data element obtained throughout the tax data retrieval process or other financial services, including but not limited to, IRS tax transcript data and source documents, information derived from tax transcript elements, or other information provided related to your financial situation. In no case shall your financial information be used in any way inconsistent with this consent

Unauthorized Use: If you believe Your Financial 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.

Name, and address of Sponsoring Financial Institution:

Provident Savings Bank, F.S.B.

3756 Central Avenue

Riverside, CA 92506

This consent will remain in effect during the term of your loan for servicing and administrative purposes. If you consent to the use of Your Financial Information *as provided for above*, please sign below.

Name: _____

Signature: _____

Date: _____

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number Plan number (if applicable)

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address James McGowan 25 Broad Street Floor 2 Red Bank, NJ 07701	CAF No. _____ 0315-23889R PTIN _____ P02537601 Telephone No. _____ 732-691-4928 Fax No. _____ 631-675-1704
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address Elizabeth Boonin 95 Smithtown Blvd Smithtown NY 11787	CAF No. _____ 0310-03870R PTIN _____ P01627702 Telephone No. _____ 732-691-4998 Fax No. _____ 631-675-1704
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
INCOME	1040		NOT APPLICABLE
INCOME	1040		NOT APPLICABLE

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 ▶

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain ▶
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
Print Name	Title (if applicable)