

7216 - HALCYON CONSENT

The Form-8821 will not be processed without the signed 7216 – Halcyon consent form.

Purposes for using and disclosing information: For use by **FLORIDA CAPITAL BANK, N.A.** and tax transcript service provider, Halcyon Still Water LLC, to retrieve and analyze information as requested by the sponsoring financial institution(s) named below to facilitate loan processing, including, but not limited to, transmitting the information to Freddie Mac, Fannie Mae, as well as any approved use related to this loan as outlined in the Gramm-Leach-Bliley Act. This includes determining relevant financial offers and opportunities, and approvals. In no case shall this data be used and disclosed in anyway inconsistent with this agreement.

Halcyon Still Water, LLC is a licensed tax preparer and a 3rd party provider with the IRS, to retrieve borrower's tax information based on a duly authorized IRS Form 8821. Halcyon Still Water, LLC is required by the IRS to provide the individual names of authorized tax professionals working for the company. On the 8821 form you will see **James McGowan** and **Elizabeth Boonin** identified; these are officers of Halcyon Still Water, LLC individually authorized by, and registered with, the IRS for the purpose outlined above.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use or disclose your personal financial information, including tax transcript data, 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 personal financial information, federal law may not protect your information from further use or distribution.

Information used and disclosed: "Personal 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.

Name, and address of recipient:

FLORIDA CAPITAL BANK, N.A.
10151 DEERWOOD PARK BLVD.BLDG. 100, SUITE 200
JACKSONVILLE, FL, 32256

The duration of this consent will remain in effect in perpetuity. If you approve the use and disclosure of your IRS tax data and tax transcript information to **FLORIDA CAPITAL BANK, N.A.**, please sign below.

Name:

Signature:

Date:

Tax Information Authorization

^a **Go to www.irs.gov/Form8821 for instructions and the latest information.**
^a **Don't sign this form unless all applicable lines have been completed.**
^a **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 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. 0315-23889R PTIN P02537601 Telephone No. 732 - 691 - 4928 Fax No. 631 - 675 - 1704 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 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. 0310-03870R PTIN P01627702 Telephone No. 732 - 691 - 4998 Fax No. 631 - 675 - 1704 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	2020 - 2023	NOT APPLICABLE
INCOME	1040	2024 - 2026	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)