1177 (Rev. June 2024)

HALCYON CONSENT FORM

Tax Information Authorization Form-8821 cannot be processed without a signed Halcyon Consent Form-1177.

Purpose: For use by **Florida Capital Bank, N.A.** 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:

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

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:	

Form **8821**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

Tax Information Authorization

 ${\rm ^a}\,\text{Go}$ 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. Taxpaye	er must sign and date this f	orm o	n line 6.					
Taxpayer name and address				Taxpayer identif	ication n	umber(s)		
				Daytime telepho	ne numb	er Plan number (if applicable)	
2 Designee(s). If you wish to name designees is attached ▶ □	e more than two designees	s, atta	ch a list	to this form. Che	ck here i	f a list of additional		
Name and address			CAF N	lo.	0315-2	:3889R		
James McGowan				PTIN P02537601				
25 Broad Street, Floor 2			Telephone No. 732 - 691 – 4928					
Red Bank, NJ 07701				Fax No. 631 - 675 - 1704				
Check if to be sent copies of notices and communications				Check if new: Address ☐ Telephone No. ☐ Fax No. ☐				
Name and address			CAF	lo	0310-0	3870R	=	
Elizabeth Boonin			DTIN					
95 Smithtown Blvd				PTIN P01627702				
Smithtown, NY 11787				Telephone No. 732 - 691 – 4998				
Check if to be sent copies of notice	es and communications		Fax N	O.	031 - 6 □ To	75 - 1704 lephone No.		
<u> </u>							=	
3 Tax information. Each designed periods, and specific matters you				confidential tax in	iformatioi	n for the type of tax, forms,		
☑ By checking here, I authorize	-	via aı	n Interm		ovider.			
(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		2	021 – 2024		NOT APPLICABLE		
4 Specific use not recorded on specific use not recorded on CA								
5 Retention/revocation of prior t isn't checked, the IRS will autor box and attach a copy of the tax To revoke a prior tax information	matically revoke all prior to x information authorization	ax info (s) tha	ormatio at you w	n authorizations o	on file ur	lless you check the line 5		
6 Taxpayer signature. If signed by individual, if applicable), executo the legal authority to execute this	r, receiver, administrator, t	rustee	e, or ind	vidual other than	the taxpa	ayer, I certify that I have		
► IF NOT COMPLETED, SIGNE ► DON'T SIGN THIS FORM IF I				TION AUTHORIZ	ATION V	VILL BE RETURNED.		
PDON I SIGN I HIS FORM IF I	I IS BLANK OR INCOMP	LEIE	•					
Signature					Date			
Print Name					Title (if applicable)		