# **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 3<sup>rd</sup> 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 <a href="mailto:complaints@tigta.treas.gov">complaints@tigta.treas.gov</a>.

#### 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:			
<u> </u>			
Date:			

# Form **8821**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### **Tax Information Authorization**

<sup>a</sup> Go to www.irs.gov/Form8821 for instructions and the latest information.

<sup>a</sup> Don't sign this form unless all applicable lines have been completed. <sup>a</sup> Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

ı	OMB No. 1545-1165	
For IRS Use Only		
Red	ceived by:	
Nar	me	
Tele	ephone	
Function		
Dat	e	

1 Taxpayer information. Taxpaye	er must sign and date this form o	n line 6.				
Taxpayer name and address			Taxpayer identification number(s)			
			Daytime telephor	ne number	Plan numbe	r (if applicable)
2 Designee(s). If you wish to nam designees is attached ▶ □	e more than two designees, atta	ch a list	to this form. Chec	k here if a	list of additi	onal
Name and address		CAF N	lo.	0315-238	889R	
James McGowan						
25 Broad Street, Floor 2			none No.			
Red Bank, NJ 07701		Fax N	0.	631 - 675	- 1704	
Check if to be sent copies of notice	es and communications	Check	if new: Address	☐ Telep	hone No.	Fax No.
Name and address		CAF	lo.	0310-038	70R	
Elizabeth Boonin		PTIN		P016277	02	
95 Smithtown Blvd		Telepl	none No.	732 - 691	– 4998	
Smithtown, NY 11787			0.			
Check if to be sent copies of notic	es and communications	Check	if new: Address	☐ Telep	hone No.	Fax No.
periods, and specific matters you  By checking here, I authorize  (a)			ediate Service Pro	ovider.	(d	n
Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	Tax Form Number (1040, 941, 720, etc.)		Year(s) or Period(s)		Specific Ta	
INCOME	1040				NOT APPLI	CABLE
INCOME	1040				NOT APPLI	CABLE
4 Specific use not recorded on specific use not recorded on CA						
5 Retention/revocation of prior to isn't checked, the IRS will autor box and attach a copy of the tate. To revoke a prior tax information.	matically revoke all prior tax infox infox infox information authorization(s) that	ormation at you w	n authorizations o ant to retain	n file unles	ss you check	the line 5

**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.

vacy Act and Paperwork Reduction Act Notice, see the instructions.	Cat. No. 11596P	Form <b>8821</b> (Rev. 01-202
Print Name		
itle (if applicable)		
Signature	Date	

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

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