Conflict of Interest Waiver

You have asked us to prepare your joint personal income tax return. In doing so, it must be recognized that the interest of the parties involved may be in conflict. In order for this firm to proceed with this engagement, we must have the written consent of both parties. The consent is important to us because we intend to approach this engagement in an objective way without intending to favor either parties. However, one of those involved may feel at times that the things are not proceeding in a manner most favorable to them.

We will attempt to make both parties aware of all viable options and the consequences of such options, but then will leave it to the parties to make their own decision as to what course to take. We cannot strategize for one client so long as we are working for both of you on this engagement. We always suggest that you confer with your own legal advisor and any other professionals, including accountants, which you believe would be helpful to understanding and advocating your positions.

We cannot and will not receive any confidential information from either party. That is, any information we receive will be made known to the other. We will gladly answer any questions you have about the conflict of interest question. The consent you will sign has important legal consequences and we strongly advise that you discuss it with a lawyer. We ask that you sign the following consent. By doing so you will consent to our engagement and waive any claim of conflict of interest by us undertaking to do this work.

Consent

We hereby consent to Hettick Accounting & Tax, LLC providing accounting and tax services to

_________________________________________________________________________________________. We are aware that the firm may have an actual or potential conflict of interest. We have discussed the conflict of interest issue with a legal advisor or have decided not to do so, realizing that the conflict of interest may have important financial and legal consequences.

We waive any claim of conflict of interest, having inquired of the firm about it to the extent we believe necessary to satisfy ourselves that we are willing to assume the risk of your firm assisting us in these circumstances.

We acknowledge that any information your firm receives from one party that may impact the other party will be made known to all parties; and, for that purpose, waive the requirements of confidentiality among ourselves and the firm.

Dated this ________ day of ______________________

__________________________________________________________________________  ______________

Signature              Signature

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