



Looking Forward...Beyond The Numbers

Client Authorization to Release Information

Date: _____

3560 South Third Street
Jacksonville Beach
Florida 32250
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(904) 241-8176 PHONE
(904) 247-9918 FAX

Release Information Designation Below to the Following Third Party:

Third-Party Name _____ Attn.: _____
Address: _____ E-mail: _____
Phone # _____ Fax # _____

- James R. Swindell, C.P.A.
- Cindy B. Bohn, C.P.A.
- Donald H. Durden, C.P.A.
(1941-1999)
- Stephen L. Phillips, C.P.A.
- Rhonda E. Boyles*
- Kevin G. Rhoad, C.P.A.
- Travis B. Wilson, C.P.A.

I hereby authorize SBDP to release the following information to the above referenced Third-Party. By signing, I understand that my information will be sent via mail, e-mail and/or fax. Also, if needed, I am authorizing SBDP permission to answer questions of the Third Party about the information I have authorized to be released. I understand that I may be obligated to compensate SBDP for all time expended and reimburse for all out-of-pocket expenditures related to the release of this requested information.

This authorization will be valid in original or copy form. This authorization is to remain in effect until such time, if any, that SBDP receives in writing, an update or change to this form from me. SBDP reserves the right to decline, at its sole discretion, my request for release of information to any Third Party.

Designation of Information to Be Release (Please check all that apply):

- Individual Income Tax Return – Year(s) _____
- Corporate Income Tax Return – Year(s) Ending _____
- Financial Statements – Year(s) Ending _____
- Payroll Return(s) for Workman’s Comp Audit – Period(s) _____
- Other (specify) _____

By my signature below, I certify that I have the authority to execute this form and am a currently authorized signer/owner/or other authorized representative for the below named individual/entity and that I agree to indemnify SBDP against any liability related to improper release of any information in regards to this release.

Authorizing Signature: _____ Spouse Signature: _____
Company Name (if applicable): _____
Print Name(s) and Title as it appears on document (if applicable): _____

Members:

*Private Companies
Practice Section*

*American Institute Of
Certified Public Accountants*

*Florida Institute Of
Certified Public Accountants*

Confidential – For Internal SBDP Use Only

Any accounting, business or tax advice contained in this communication, including attachments and enclosures, is not intended as a thorough, in-depth analysis of specific issues, nor a substitute for a formal opinion, nor is it sufficient to avoid tax-related penalties.

*Certified Public Bookkeeper.
Not registered with the
Board of Accountancy