

Looking Forward...Beyond The Numbers

Client Authorization to Release Information

	Date:	
3560 South Third Street Jacksonville Beach	Release Information Designation Below	to the Following Third Party:
Florida 32250 www.beachcpafirm.com (904) 241-8176 PHONE	Third-Party NameAddress:	
(904) 247-9918 FAX	Phone #	 Fax #
James R. Swindell, C.P.A. Cindy B. Bohn, C.P.A.	above referenced staff at SBDP. By sign	to release the following information to the ning, I understand that my information will be sent via mail, e
Donald H. Durden, C.P.A. (1941-1999)	mail and/or fax. Also, if needed, I am authorizingpermission to answer questions about the information I have authorized to be released.	
Stephen L. Phillips, C.P.A. Rhonda E. Boyles*	This authorization will be valid in original or copy form. This authorization is to remain in effect until such time, if any, that I submit, in writing, an update or change to this form. Designation of Information to Be Release (Please check all that apply): Individual Income Tax Return – Year(s)Corporate Income Tax Return – Year(s) EndingFinancial Statements – Year(s) EndingPayroll 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.	
Kevin G. Rhoad, C.P.A.		
Travis B. Wilson, C.P.A.		
Members:		
Private Companies Practice Section	Authorizing Signature: Spouse Signature:	
American Institute Of Certified Public Accountants	Company Name (if applicable):Print Name(s) and Title as it appears on document (if applicable):	
Florida Institute Of	· ····································	

Certified Public Accountants

*Certified Public Bookkeeper.

Not registered with the
Board of Accountancy