



KGR BOOKKEEPING SERVICES

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<http://kgr-bookkeeping.vpweb.ca/>

Client Authorization

Third-Parties Information Sharing Request

An electronic version, scanned copy, photocopy or facsimile of this authorization is considered as valid as an original hard copy.

AUTHORIZATION TO OBTAIN AND SHARE INFORMATION

I hereby give my consent for my information to be shared with KGR Bookkeeping Service to be used in conjunction with accounting and tax related services as outline in engagement agreement between myself, the representative party, and KGR Bookkeeping Services.

My information will remain confidential and will not be used for marketing or solicitation purposes, or be shared with any individuals or agencies outside of KGR Bookkeeping Services. I understand that I can refuse access to part or all of my information, and I may limit the access to certain information, at any time, with a written statement. If I choose not to give my consent, my refusal will not prevent KGR Bookkeeping Services from completing accounting and tax related services as outlined in engagement agreement, though I acknowledge it may take longer to prepare.

RIGHT TO REVOKE AUTHORIZATION: I may revoke this authorization at any time, in writing before the information has been released. I understand that I have the right to receive a copy of this authorization upon request.

This form authorizes the release and sharing of information from all third-parties including the following bookkeeping and/or accounting professionals (previous accountant):

Previous Bookkeeping/Accounting Professional:

First & Last Name

Company Name (enter NA if not applicable)

Phone Number

Email

Please list other third-parties requiring written consent in authorizing us to access your private information (NAME, PHONE NUMBER & EMAIL)

By signing this agreement, I acknowledge that I have carefully read, understand and agree to the above terms and conditions.

**Taxpayer/Client Name (Printed)
applicable)**

**Company Name (enter NA if not
applicable)**

Taxpayer/Client Signature

Signing Date

AUTHORIZATION TO RELEASE AND SHARE INFORMATION

I hereby authorize KGR Bookkeeping Services to release the following information to the above referenced Third-party. By signing, I understand that my information will be sent via mail, email, and/or fax. Also, if needed, I am authorizing KGR Bookkeeping Services 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 KGR Bookkeeping Services for all time expensed and reimburse for all out-of-pocket expenditure related to the release of this requested information.

This authorization is to remain in effect until such time, if any, KGR Bookkeeping Services receives, in writing an update or change to this form. KGR Bookkeeping Services reserves the right to decline, at its sole discretion, my request for release of information to any Third-party.

To ensure compliance with requirements imposed by the Canada Revenue Agency, please be advised that any tax advice contained in this communication (including any attachments) was not intended or written by practitioner to be used, and cannot be used for the purpose of (1) avoid penalties under the Canada Revenue Agency Acts and Regulations or (2) promoting marketing, or recommending to another party any transaction or matter addressed herein.

Designation of Information to be Released (please check all that apply):

- ☐ ALL INFORMATION TO BE RELEASED W/O RESTRICTIONS/LIMITATIONS
- ☐ Individual Tax Account Related Information
- ☐ Financial Statements
- ☐ GST/PST/HST Account Related Information
- ☐ Payroll Account Related Information
- ☐ WSIB Account Related Information
- ☐ Employment Benefit Related Information
- ☐ RESTRICT ALL INFORMATION RELEASE

Please indicate any OTHER inclusion of information release that is not listed above:

Please indicate any restrictions/limitations of information to be released, i.e. tax years, filing periods, etc.

Release Information Designated Below to the Following Third-Party:

Family Member OR Bookkeeping/Accounting Professional:

First & Last Name

Company Name (enter NA if not applicable)

Phone Number

Email

Please list other third-parties you would like to designate information release authorization to (NAME, PHONE & EMAIL)

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 KGR Bookkeeping Services against any liability related to improper release of any information regarding this release:

Taxpayer/Client Name (Printed)

Taxpayer/Client Signature

Signing Date