

**PRIVACY AUTHORIZATION FORM**

To: Charles E. Solak, CPA PA  
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This letter is my/our written authorization to provide the following information.

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only one signature necessary for joint return matters)

Printed Name(s): \_\_\_\_\_

Either fax: 815-346-2380 or e-mail: [csolak@solakco.com](mailto:csolak@solakco.com) the request directly to us.