

PRIVACY AUTHORIZATION FORM

To: Charles E. Solak, CPA PA
2542 Marathon Lane
Ft. Lauderdale, Florida 33312
(954) 327-8212/FAX (815) 346-2380

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 the request directly to us.