

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 the request directly to us.