



The Harris-Ward Group

## Hold Harmless Agreement – Authorize Signer

I, \_\_\_\_\_, give authority to \_\_\_\_\_,  
(Print Taxpayer Name) (Print Authorize Signer Name)

to sign tax documents on my behalf and to obtain tax information related to my tax return(s); not limited to receiving a copy of my return(s) and disclosure of refund amount and any instruction(s) pertaining to the return. The Harris-Ward Group LLC and its staff will be held harmless for any breach of confidentiality and privacy.

I understand that it is my responsibility to notify The Harris-Ward Group LLC in the event I wish to revoke the permissions granted herein.

Signature \_\_\_\_\_  
(Taxpayer Signature)

Date \_\_\_\_\_

### Instructions for Authorize Signers

- Please present a valid State ID or valid Driver License on the day the documents are picked up.
  - A copy of your ID will be taken as record.
- Only the one authorized above can sign and pick up documents for taxpayer listed above.
  - Any other person, besides the one listed above, **will not** have authorization to receive any tax information for the taxpayer listed above.
- Please fax or email signed copy of this form prior to pick up.
  - Fax: (312) 829-4498
  - Email: documents@harriswardgroup.com

**For questions, please call the office at (773) 324-3939.**