

CLIENT NAME(S): _____

PREPARER NAME(S): _____



Client Use Agreement CLIFFORD & ASSOCIATES, LLC

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www.sharetheharvest.com

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. In addition to tax preparation services, this firm is in the business of providing year-round financial planning, insurance, and tax planning services. Investment services are offered through Clifford & Yoho Advisors, LLC. These services cannot be provided without your consent.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year. You may terminate this consent at any time by providing a written request for termination.

Duration of Consent (optional): _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please initial all that apply:

I authorize Clifford & Associates, LLC, and Clifford & Yoho Advisors, LLC, to use my income tax return and all related income tax information for the purpose of calculating estimated income taxes payable and such other tax, insurance, financial planning, and investment assistance as I may request now or in the future.

I authorize Clifford & Associates, LLC, to use my name and address, including releasing it to a printer or third-party mailhouse, for the purpose of facilitating Clifford & Associates, LLC, mailings, such as calendars and newsletters.

I authorize Clifford & Associates, LLC, to use the following email address for the purpose of sending digital copies of mailings: _____
(please provide a current email address)

Taxpayer Signature

Date

Name (print)

Spouse Signature

Date

Name (print)