



CLIENT PROFILE UPDATE



or visit www.dh-cpa.com/client-profile.html

Name 1: _____ (primary contact) Name 2: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address for FedEx purposes (if applicable): _____

Primary Contact: Phone (home): _____ (cell): _____ (work): _____

Primary Email*: _____

*All communications would be sent to the Primary Email

Secondary Contact: Phone (home): _____ (cell): _____ (work): _____

Secondary Email: _____

How would you like to receive your tax organizer and tax return? (Check One)

Pick up ___ Mail ___ Post to my Portal ___ Post to my TaxCaddy ___ Encrypted Email ___

BUSINESS OWNERS

ACCOUNTING SOFTWARE:

QuickBooks Desktop User Yes ___ Version: _____

QuickBooks Online User Yes ___

Non-QuickBooks's Yes ___ Software: _____

Bookkeeper: _____ Phone: _____ Email: _____

Would you like to give portal access to your bookkeeper to upload files to us? YES ___ NO ___

Would you like to give your bookkeeper access to your tax returns and related information?

For Business Returns: YES ___ NO ___ For Personal Returns: YES ___ NO ___

Please list all businesses that apply **AND include mailing address for each:**

1. _____
2. _____
3. _____
4. _____
5. _____

To provide full access to your bookkeeper, please complete, sign, and return the **Consent to Disclosure Form** on the back of this form.

SIGNATURE: _____ DATE: _____



CONSENT TO DISCLOSURE OF TAX RETURN AND/OR FINANCIAL INFORMATION

Federal law requires this Consent Form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return and/or financial information to third parties. If you consent to the disclosure of your tax return and/or financial information, Federal law may not protect your tax return and/or financial information from further use or distribution.

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. If you agree to the disclosure of your tax return and/or financial information 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.** Please complete the following information:

Purpose for forwarding information: _____

Name and address to whom the information is being disclosed to: _____

Duration of Consent: _____

Transmission Method (choose one): ___ via **Fax #** _____

___ via **Encrypted Email** to _____

___ via **Mail** (to address noted above)

I, _____, authorize Davis & Hodgdon Associates, CPAs PLC to disclose to the party mentioned above the following information:

___ **Personal Tax Returns for the years:** _____

___ **Business Tax Returns for the years:** _____

___ **Financial Statements for the years:** _____

___ **Other (please specify):** _____

Business Owners: Provide the business name(s) you would like us to transmit information for:

Signature: _____ **Date:** _____

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