

AUTHORITY TO OBTAIN INFORMATION

Company/Partnership Name:

Surname: <small>Registered with IRD</small>		First Names: <small>Registered with IRD</small>	
Home Phone:		Fax No:	
Work Phone:		Mobile:	
Email:		Web:	
IRD Number:		Balance Date:	

Address

Town / City:		Post Code:	

I/We authorise **Tasman Accounting Group Limited** to:

1. Link to all relevant tax types (except NCP & CPR), at the Inland Revenue Department in order to obtain information through all channels including online services for all tax types, necessary to fulfil their agency responsibilities as our accountants and tax agents.
2. Obtain financial information from any bank, financial, insurance or other institution that is necessary for the completion of your annual accounts or accounting requirements.
3. Deposit any Tax Refunds payments or cheques into the Tasman Accounting Group Limited Practice Trust Account
4. Deduct from these Tax Refunds any outstanding amount for accounting fees incurred in the above mentioned name
5. Pay from the Tasman Accounting Group Limited Practice Trust Account any amount to the Inland Revenue Department for any Tax owing for any financial year.

Signature(s): _____

Date:

If you are a **partnership** or a **company** it is mandatory to supply the names and IRD numbers of partners and shareholders.

Partners & Shareholders	IRD No: