

AUTHORITY TO OBTAIN INFORMATION

Company/Partnership/Trust 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 T/A iFigure Accounting Specialists** to:

1. Link for all tax types (except NCP & CPR), until further notice. Authority is given to obtain information from Inland Revenue about all tax types. This includes obtaining information through all Inland Revenue media and communication channels.
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/Company or a Trust** it is mandatory to supply the names and IRD numbers of Partners/Shareholders and Trustees.

Partners/Shareholders/Trustees	IRD No: