

### CLIENT PORTAL REQUEST FORM

\*\*\*Please e-mail completed form to clientportalrequests@axleyrode.cpa\*\*\*

**Client Name:** \_\_\_\_\_

#### CLIENT PORTAL(S)

If you would like to use a client portal to electronically receive your tax return copy, please check the box below and provide your email address. We will use this information to initiate the client portal setup during preparation of your tax return.

- ➔ This will allow you to securely send us documents if you choose to do so (i.e. statements, W-2's, 1099's, K-1's, etc.)
- ➔ It allows us to securely provide documents to you (tax returns, organizer, etc.).
- ➔ In the interest of data security, please be advised that by using this portal you are sending electronic data over the internet to a secure cloud-based storage facility hosted by our service provider - Thomson Reuters, Inc. In providing this data transmission and storage method, we use reasonable efforts to keep such data transmission and storage secure; however, it is possible that data breaches can occur even with all reasonable security measures being employed by us or Thomson Reuters, Inc. Security can be further enhanced by you making sure that your internet browser's encryption software settings for TLS (Transport Level Security) have been set to the highest level, which should be TLS 1.2.

 Yes, I am interested in setting up a client portal. *(Please sign and date below.)*

 \* **This authorization form must be signed by owner or officer.**
**Please Note:** You will be receiving an e-mail at the e-mail address provided below. You must follow the set up procedures in this e-mail to initiate your client portal. ***If you do not register within 3 days after receipt of this e-mail, there could be a delay in your return delivery.***

 \_\_\_\_\_  
 Print Name    Signature    Date

 \_\_\_\_\_  
 Email address for client portal notifications (please print clearly)    Title

#### **CLIENT PORTAL PERSONNEL AUTHORIZATION**

 Yes, I am interested in authorizing other personnel to access the client portal. *(Please sign and date below.)*

To be used if Portal Users are client personnel in addition to the principal listed below.

 I am authorizing the following authorized personnel to have portal access to the client portal. It is my responsibility to notify Axley & Rode, LLP of any changes of the portal rights or separation from User where access needs to be discontinued. (Please keep a copy for your records). See page 2 of 2.

	Authorized Personnel	Authorized Personnel's E-mail Address
1.		
2.		
3.		

 \_\_\_\_\_  
 Signature of Owner/Officer    Date

 \_\_\_\_\_  
 Printed Name    Title

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<b>TAX OFFICE PURPOSES ONLY:</b>	
Client #	_____
Partner/Staff:	_____

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**Client Name:** \_\_\_\_\_

➔ If you do not receive an e-mail notification, please call Michelle Richardson at 936.634.6621.

**CLIENT PORTAL *PERSONNEL* REVOCATION**

*(Each request is per User)*

I am revoking \_\_\_\_\_'s portal access to the client(s) listed below:

	Client(s)
1.	
2.	
3.	
4.	

\_\_\_\_\_  
Signature of Owner/Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title