Client Statement

G & V Tax and Insurance

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Tel: 708.331.8730 Fax: 708.331.8735

Please complete the following information as accurately as possible

l,	have reviewed my
(year)	tax return that was prepared on (date)
and I declare th	nat it is accurate to the best of my knowledge. I provided all the information
The control of the co	turn and was not advised or counseled to overstate any entries or deductions. At atisfied with the outcome and wish to allow my tax return to be transmitted.
Signature:	Date: