



Planche · Politz · Ledet LLC  
Beyond the Numbers

### Portal User Request Form

**Instructions:** This form must be completed by the owner, signed and returned to our office.

Please fill out the requested fields for all individuals whom you would like to grant access to your business portal(s). **Note that authorized individuals will be able to see all documents** (tax returns, financial statements, payroll, etc.) included within the portals they are assigned.

If you would like the user to have access to your personal portal, please indicate by checking the box(es) provided in Section 2.

*It is your responsibility to notify PPL CPA of any employment changes which may necessitate a user's access be revoked.*

#### Section 1: Owner Information

Owner Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Section 2: Individual Details

For each additional person requiring access, complete the following:

1. **Name:** \_\_\_\_\_
- **Position/Role:** \_\_\_\_\_
- **Work Email Address:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_

Grant this user access to my individual Canopy portal (*this will give the user access to view individual tax returns and source documents*).

**Grant this user access to the following business portal(s):**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Position/Role:** \_\_\_\_\_

**Work Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Grant this user access to my individual Canopy portal (*this will give the user access to view individual tax returns and source documents*).

**Grant this user access to the following business portal(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. **Name:** \_\_\_\_\_

**Position/Role:** \_\_\_\_\_

**Work Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Grant this user access to my individual Canopy portal (*this will give the user access to view individual tax returns and source documents*).

**Grant this user access to the following business portal(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Section 3: Authorization and Agreement

By signing below, I certify that the information provided is accurate, and I authorize the above-listed individuals to access the confidential business portal(s) as specified. I understand that it is my responsibility to notify PPL CPA immediately if any staff member's access should be revoked due to role changes, termination, or other reasons.

**Owner Name:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_