

AUTHORIZATION AND CONSENT FOR PARLIAMENTARIANS

This form authorizes the Canada Revenue Agency to release confidential client information to a member of Parliament or a senator and their staff.

I hereby authorize the **Canada Revenue Agency** to disclose to _____
(Print name of parliamentarian)

information of any kind relating to me as identified below and raised in my correspondence/communication of
 ____ / ____ / ____ .
Y M D

Please check (✓) the appropriate area(s)

- | | |
|---|--|
| <input type="checkbox"/> Income tax matters | <input type="checkbox"/> CPP/EI matters |
| <input type="checkbox"/> GST/HST matters | <input type="checkbox"/> Other matters (please specify): _____ |
| <input type="checkbox"/> Customs matters | |

Client Identification

Print surname, name, or name of business, corporation, trust, or unincorporated charity and specify type of entity

Street address	Home telephone number	Work telephone number
City	Province	Postal code

Complete the one that applies:

Social insurance number (in the case of individuals only)	<input type="text"/>
Business number: Import/Export	<input type="text"/>
Payroll deductions	<input type="text"/>
Corporate income tax	<input type="text"/>
GST/HST	<input type="text"/>
Filer identification number	<input type="text" value="H A"/>
Trust account number	<input type="text" value="T"/>
Non-Resident account number (or)	<input type="text" value="N R"/>
Non-Resident account number	<input type="text" value="S L"/>

Comments:

<small>Print client name (if not indicated above)</small>	<small>Title (if applicable)</small>
<small>Client signature</small>	<small>Date</small>

(Ce formulaire existe en français.)

More Ways to Serve You!
Pour vous servir encore mieux!

Canada Revenue Agency Agence du revenu du Canada