

Authorization 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 Year Month Day Please check (\checkmark) the appropriate area(s) Income tax matters CPP/EI matters GST/HST matters Other matters (please specify): Client Identification Print surname, name, or name of business, corporation, trust, or unincorporated charity and specify type of entity Work telephone number Street address Home telephone number City Province Postal code Complete the one that applies: Social insurance number (in the case of individuals only) Import/Export R M Business number: RP Payroll deductions Corporate income tax R C GST/HST R Т RR Registered charity Н Filer identification number Trust account number R N Non-Resident account number (or) L Non-Resident account number Comments: I give consent to the above office to discuss my matter over cellular radio waves. Title (if applicable) Print client name (if not indicated above)



Date

Client signature