



# CONSENT FORM

This form authorizes Revenue Canada to release confidential taxpayer information to a designated representative in matters pertaining to the *Income Tax Act*.

**Note: This authorization is valid until the taxpayer or authorized signing person cancels it in writing. A separate form is required for each type of account every time an authorization is given or to cancel an authorization that was previously given.**

The purpose of this form is:

to authorize  the representative or to cancel  the existing authorization of the representative identified in Section 2

## 1. Taxpayer identification area

Name and address of the individual (first name before last name), business, corporation or trust

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate one of the following:

Social insurance number (in the case of an individual only) . . . . .         
OR Employer remittance account number . . . . . \_\_\_\_\_  
OR Corporation account number. . . . . \_\_\_\_\_  
OR Trust account number . . . . . T \_\_\_\_\_  
OR Filer identification number. . . . . HA \_\_\_\_\_

## 2. Representative identification area

Name of the authorized representative (first name before last name) AND/OR the firm.

\_\_\_\_\_  
\_\_\_\_\_

( )  
Telephone number

**Please indicate the period for which this authorization or cancellation of authorization applies:**

• Income tax return or information return for:

All taxation years   
OR  
Taxation year     only  
OR  
Taxation year     and all prior taxation years

• Corporation income tax return, or trust income tax return for:

All taxation years   
OR  
Taxation year ending         only  
OR  
Taxation year ending         and all prior taxation years

**This form will not be accepted if it is not signed by the taxpayer or the authorized signing person.**

\_\_\_\_\_  
(Signature of taxpayer or signature and title of authorized signing person) Telephone number Date