

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 disc	lose	to																
	(Print name of parliamentarian)																	
information of any kind relating to me as identified below	and r	aised in my co	orrespor	den	ce/c	omn	nunica	ation	of									
													Year Month Day					
Please check (\checkmark) the appropriate area(s)																		
Income tax matters		CPP/EI matte	rs															
GST/HST matters		Other matters (please specify):																
Client Identification																		
Print surname, name, or name of business, corporation, trust, o	r unin	corporated char	ity and s	pecify	, typ	e of e	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 on	ly)]										
Business number: Import/Export																		
Payroll deductions																		
Corporate income tax																		
GST/HST																		
Registered charity																		
Filer identification number																		
Trust account number]										
Non-Resident account number (or)]										
Non-Resident account number]										
Comments:																		

Print client name (if not indicated above)

Title (if applicable)

Client signature

Date

lana

(Ce formulaire existe en français.)