



# 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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): _____

## 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"/> H A <input type="text"/>
Trust account number	<input type="text"/> T <input type="text"/>
Non-Resident account number (or)	<input type="text"/> N R <input type="text"/>
Non-Resident account number	<input type="text"/> S L <input type="text"/>

### Comments:

_____	_____
Print client name (if not indicated above)	Title (if applicable)
_____	_____
Client signature	Date

(Ce formulaire existe en français.)

