



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 (✓) the appropriate area(s)

Income tax matters

GST/HST matters

CPP/EI matters

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)

Business number: Import/Export **R M**

 Payroll deductions **R P**

 Corporate income tax **R C**

 GST/HST **R T**

Filer identification number **H A**

Trust account number **T**

Non-Resident account number (or) **N R**

Non-Resident account number **S L**

Comments:

Print client name (if not indicated above)

Title (if applicable)

Client signature

Date