

This form authorizes Tax and Revenue Administration to release confidential taxpayer information to a designated third party representative in matters pertaining to applicable legislation. **Note: This authorization is valid until the taxpayer or authorized signing person of the taxpayer cancels it in writing. Please complete a separate form for each representative.** Send the completed form to TAX AND REVENUE ADMINISTRATION, 9811 109 STREET, EDMONTON, AB T5K 2L5 or fax to 780-427-0348. If you have any questions, please phone 780-427-3044. If calling long distance within Alberta, call 310-0000, then enter 780-427-3044.

The purpose of this form is:

To authorize a third party representative to receive taxpayer information or To cancel a third party representative from receiving taxpayer information

1. Taxpayer identification

Corporate Legal Name: _____
Alberta Corporate Account Number (CAN): _____
Alberta Business Identification Number (BIN): _____

2. Authorized Third Party Identification

Authorized Individuals' Name: _____
Address: _____ Phone number: () - _____
Authorized Firm's Name: _____
James J. Keiller Professional Corporation
Address: _____ Phone number: _____
7644 156 Street NW Edmonton, Alberta T5R 4K7 (780) 496-9474

3. Details of Authorization

Indicate the period for which authorization or cancellation applies: All Tax Programs
All Years OR
OR Corporate Income Tax
Specific years _____ Tourism Levy
_____ International Fuel Tax Agreement (IFTA)
OR Tax Exempt Fuel Users (TEFU)
All Years Prior to _____ Prescribed Rebate Offroad Percentages (PROP)
 Other (specify) _____

4. Authorized Signature (authorized signing officer of the taxpayer)

Name: _____ Phone number: () - _____ Date signed: _____

Signature: _____ Position, Office or Rank: _____

**This form must be signed by an authorized person of the business such as a director of the corporation.
This form will be considered invalid if incomplete or not signed and dated by an authorized person of the business.**