



Power of Attorney, Authorization to Communicate Information, or Revocation

Authorization number: RQ16-MR69-201405-IP003

Complete this form to grant a power of attorney or an authorization to a designated person allowing that person to consult confidential information or documents held by Revenu Québec regarding the person identified in Part 1 below. This form can also be used to designate a person to represent the person identified in Part 1 in dealings with Revenu Québec, or to revoke or modify a previously granted authorization or power of attorney.

Before completing this form, read the information in the Help. Please print.

You can complete the fillable version of this form directly onscreen on our website at www.revenuquebec.ca.

Send this form, duly completed and signed, to one of the addresses below. **Photocopies are not accepted.**

3800, rue de Marly
Québec (Québec) G1X 4A5

C. P. 3000, succursale Place-Desjardins
Montréal (Québec) H5B 1A4

You cannot use the same copy of this form to both give and revoke a power of attorney or an authorization; you must complete separate copies of the form. This form cannot be used to notify us of a change of address. To do that, use our online services or the Service québécois de changement d'adresse.

1 Identification of the person about whom Revenu Québec holds confidential information or documents

(Complete the lines that apply to the individual or business.)

Québec enterprise number (NEQ) Identification number Social insurance number (SIN)

1 1a 1b

2 1. Mr. 2. Ms.

Last name First name

2a 2b

or Name of business

3

Apt. or suite Street number Street name, P.O. box

4a 4b 4c

City, town or municipality Province Postal code

5a 5b QC 5c

Area code Telephone Extension

5d (514) 954-9031

2 Identification of the designated person (Complete the lines that apply to the designated person, who may be either an individual or a business.)

Québec enterprise number (NEQ) Identification number Last three numbers of SIN

10 1163798037 10a 1212149299 10b

12 1. Mr. 2. Ms.

Last name First name

12a 12b

or Name of business

13 Expert Fiscaliste

Name of the person within the business whom we can contact for information

Last name First name

13a Oliver 13b William

Address of the designated person

Apt. or suite Street number Street name, P.O. box

14a 2400 14b 1000 14c de La Gauchetière Ouest

City, town or municipality Province Postal code

15a Montreal 15b QC 15c H3B 4W5

Area code Telephone Extension

15d (877) 542-2130

If the designated person has a professional representative number, enter it on line 16.
Make sure you entered that person's NEQ on line 10 or his or her identification number on line 10a.

Professional representative number

16 A848701

Do not use this area.

12RE ZZ 49508269

3 Information, documents, periods and taxation years covered by the authorization or power of attorney

3.1 General power of attorney or authorization

Check the box corresponding to the information covered.

- 20 All information held by Revenu Québec with regard to the person identified in Part 1 for the application or enforcement of Québec tax legislation, the *Excise Tax Act*, the *Act to facilitate the payment of support* and the shelter allowance program
- 21 All information held by Revenu Québec with regard to the person identified in Part 1 for the application or enforcement of Québec tax legislation and the *Excise Tax Act*

3.2 Limited power of attorney or authorization

Identify the category or categories of the information or documents covered by the power of attorney or authorization by checking the appropriate box(es) and provide any applicable additional information. Enter, for boxes 31 to 36 (if checked), the applicable file number(s). If you do not enter a specific file number next to a checked box, Revenu Québec will consider all files related to that item to be covered.

- 22 Support payments (provide file number(s))
- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 22a File | <input type="checkbox"/> 22b File | <input type="checkbox"/> 22c File | <input type="checkbox"/> 22d File |
| 9 0 0 | 9 0 0 | 9 0 0 | 9 0 0 |
- 23 The shelter allowance
- 24 Personal income tax return(s)
- 25 Corporation income tax return(s)
- 26 Trust return(s)
- 27 Advance payments of the tax credit for home-support services for seniors
- 28 The solidarity tax credit
- 29 Returns in respect of licence-related duties
- 30 Registration for GST, QST, source deductions or corporation income tax
- 31 Establishments that use sales recording modules (SRMs):
- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 31a E R | <input type="checkbox"/> 31b E R | <input type="checkbox"/> 31c E R |
|----------------------------------|----------------------------------|----------------------------------|
- 32 The GST/HST and QST¹ returns the person's business must file: 32a 32b 32c
- 33 Fuel tax returns: 33a 33b 33c
- 34 Tobacco tax returns: 34a 34b 34c
- 35 Source deductions and employer contributions: 35a R S 35b R S 35c R S
- 36 The following information or documents: _____

3.3 Periods or taxation years covered

Identify the period(s) or taxation year(s) covered by the power of attorney or authorization.

- 47 All periods and taxation years (past, current and future)
- or
- 48 Taxation years 48a 48b 48c and 48d subsequent taxation years
- 49 From 49a to 49b and 49a subsequent periods

1. "QST" includes the following taxes and duties applicable under the *Act respecting the Québec sales tax*: Québec sales tax, tax on alcoholic beverages, tax on insurance premiums, tax on parimutuel betting, tax on lodging, and specific duty on new tires.

4 Authorization or power of attorney

Complete the lines that apply, then sign Part 6.

50 **Authorization**

I, 50a First name _____ 50b Last name _____
(please print) (please print)

authorize Revenu Québec to send or make available to the person designated in Part 2 (lines 12a and 12b or line 13) the type of information or documents specified in Part 3.

or

51 **Power of attorney**

I, 51a First name _____ 51b Last name _____
(please print) (please print)

name the person designated in Part 2 (lines 12a and 12b or line 13) to represent the person identified in Part 1 in dealings with Revenu Québec and to be empowered, on behalf of the person identified in Part 1, to submit to Revenu Québec any information or document that falls under the category or categories specified in Part 3, to make changes to such information or documents, and to take part in any negotiations with Revenu Québec respecting such information or documents. I also authorize Revenu Québec to disclose to the designated person the information or documents necessary for carrying out the mandate.

This authorization or power of attorney will take effect on the date of the signature in Part 6 and will remain valid indefinitely or until

52 _____, unless it is revoked by the person identified in Part 1 or by that person's legal or authorized representative.

5 Revocation

Complete this part only if you wish to revoke an authorization or a power of attorney. Sign Part 6.

60a Revocation of an authorization 60b Revocation of a power of attorney 60c Revocation of all authorizations or powers of attorney granted to the person designated below

I, 61a First name _____ 61b Last name _____
(please print) (please print)

revoke the authorization or the power of attorney (or all authorizations or powers of attorney)

granted to 62 _____, on 63 _____, on 63 _____, on _____.
(please print) Date

Enter the date if you checked box 60a or 60b

Enter one of the following numbers with regard to the designated person (if known):

64 Québec enterprise number (NEQ) 65 Identification number 66 Professional representative number 67 Last three numbers of SIN

6 Signature (the signee cannot be the designated person)

70 _____ 71 _____ 72 2018-02-03
Signature of individual or legal or authorized representative Position (if applicable) Date