

Protected B (when completed)

Use this form either to consent to the release of confidential information about your corporate income tax account with Tax and Revenue Administration (TRA) and/or cancel consent for an existing representative. For all other programs, complete the [Alberta Consent Form \(AT4931\)](#). Send the completed form by e-mail to tra.revenue@gov.ab.ca, fax to 780-427-0348 or mail to TAX AND REVENUE ADMINISTRATION, 9811 109 STREET NW, EDMONTON, AB T5K 2L5.

Forms that are incomplete will not be processed.**1. Purpose of the Form**

- Authorize a third party representative to receive taxpayer information. Complete all fields except Part 5. and/or Cancel a third party representative from receiving taxpayer information. Complete Parts 2, 5 and 6.

2. Client Taxpayer Identification

Provide the legal name and the Alberta Corporate Account Number in order for access to be granted.

Legal Name : _____

Alberta Corporate Account Number:
(enter the 9 or 10 digit number)**3. Authorize a Representative or Firm****Authorize access by telephone, e-mail, fax and mail.**

If you are giving consent to an individual, enter their full name. If you are giving consent to a firm, enter the name of the firm. If you deal with a specific individual at a firm enter both the individual's name and the firm's name. If you do not identify an individual of a firm, then you are giving consent to deal with anyone from that firm.

Name of Individual or Firm _____

E-mail Address: _____ Telephone: _____

4. Details of New Authorization

Select the the fiscal years, or all years, that the individual or firm (identified in Part 3) is authorized to access.

Years:

- All years
 Specific years _____
 All years prior to and including _____

Legal Name : _____

Alberta Corporate Account Number: _____

5. Cancel Representative(s)

Complete part (a) to cancel all representatives previously authorized to deal with TRA regarding your account OR part (b) to cancel a specific individual and/or firm.

(a) Cancel ALL representatives

(b) Cancel a specific:

Individual Name(s): _____

Firm Name: _____

6. Certification

This form must be signed and dated by an individual with proper authorization for the business, for example, an owner, a partner of a partnership, a corporate director, a trustee of an estate or an individual with delegated authority.

By signing and dating this form, you authorize Tax and Revenue Administration (TRA) to deal with the individual or firm listed in Part 3 of this form, and/or cancel an authorization listed in Part 5 for this form. We may contact you to confirm the information provided.

The individual signing this form is (must select one):

an owner a corporate director a partner of partnership a trustee of an estate

an individual with delegated authority

E-mail Address: _____

Telephone: _____

Name: _____

Fax Number: _____

Signature: _____

Date: _____