

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 and/or Name of the Firm: Gallo and Company Professional Corporation
Address: 221-65 Chippewa Road, Sherwood Park, Alberta T8A 6J7 Phone Number: (780) 417-7530

3. Details of Authorization

Indicate the period for which authorization or cancellation applies:

All Years ☒

OR

Specific Years _____

OR

All Years Prior to _____

☐ All Tax Programs

OR

☐ Corporate Income Tax

☐ Tourism Levy

☐ International Fuel Tax Agreement (IFTA)

☐ Tax Exempt Fuel Users (TEFU)

☐ Prescribed Rebate Offroad Percentages (PROP)

☐ Other (specify) _____

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

Name: _____ Phone Number: (_____) Date Signed: _____
(please print)

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.