Client: <NoName> SIN:

Printed: 2022/01/18 12:28

Authorize a Representative – signature page

X Enable printing and EFILE of this authorization request

Select "EFILE Authorize a Representative" under the "EFILE" menu to file this authorization.

Instructions:

- 1. Print this page and have it signed and dated by the taxpayer or legal representative.
- 2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the Canada Revenue Agency (CRA). Do not send the signature page to CRA by mail or fax unless requested to do so.

Tax	payer information	on				
SIN	First name				Last name	
Rep	resentative info	rmation and author	ization			
Individual		Representative ID:		_ First name:		Last name:
X	Business	Firm BN:	101549665		Business name:	Venture Credit Union / The Tax Place
	Group	Group ID:	G		Group name:	
Lev	el of authorizatior	n (1 or 2): <u>2</u>				
			y disclose information A to disclose informati			representative
Ente	er an expiry date,	if applicable.				
Sigi	nature and date					
	am the legal rep	resentative for this ta	xpayer.			
By s	signing and dating	g this page, you auth	orize the Canada Rev	venue Agency to ir	nteract with the repr	resentative mentioned above.
		Name of taxpayer o	r legal representative			
		Signature of taxpaye	er or legal representat	ive		Date of signature