

Use this form either to consent to the release of confidential information about your account(s) with Tax and Revenue Administration (TRA) and / or cancel consent for an existing representative. Send the completed form by e-mail to [tra.revenue@gov.ab.ca](mailto: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 or cannot be processed for any reason will be returned to the requestor.**

- Authorize a third party representative to receive taxpayer information      and/or       Cancel a third party representative from receiving taxpayer information

## 1. Client Taxpayer Identification

Provide either the Alberta Corporate Account Number or Alberta Business Identification Number in order for access to be granted.

Legal Name : \_\_\_\_\_

Alberta Corporate Account Number:  
(enter the 9 or 10 digit number)

Alberta Business Identification Number:  
(not the Federal Business Number)

## 2. Authorize a Representative

Choose either part (a) or (b)       A       B

**(a) 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.

**(b) Authorize online access (TRACS). This access also includes authorization for telephone, e-mail, fax and mail.**

You can authorize your representative to access account information through our online services, Tax and Revenue Client Self-Service (TRACS). TRACS access is provided to an individual only. At this time we are not able to grant access to a firm. Once a user has access to TRACS they will have access to View Financial Transaction Details, and View Assessment information, and other functions depending on the program. Access cannot be restricted to specific time frames such as periods or years.

Name of Individual: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Enter the e-mail and telephone number for the individual or firm.

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### 3. Details of New Authorization

Select the program, and the fiscal years, or all years, that the individual or firm (identified in Part 2) is authorized to access.

**Program:**

All programs

**OR**

Corporate Income Tax

Vaping Products Tax

Tobacco Tax

Fuel Tax

Tourism Levy

International Fuel Tax Agreement (IFTA)

Other \_\_\_\_\_

**Years:**

All years

Specific years \_\_\_\_\_

All Years Prior to \_\_\_\_\_

### 4. 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: \_\_\_\_\_

### 5. 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(s) or firm listed in Part 2 of this form, and/or cancel an authorization listed in Part 4 for this form. We may contact you to confirm the information provided.**

The individual signing this form is:

an owner

a corporate director

a partner of partnership

a trustee of an estate

an individual with delegated authority

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_