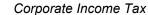
## **ALBERTA CONSENT FORM**





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 <u>Alberta Consent Form (AT4931)</u>. Send the completed form by e-mail to <u>tra.revenue@gov.ab.ca</u>, 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.

. 0	ms that are incomplete will not be processed.			
1.	Purpose of the Form			
$\bigcirc$	Authorize a third party representative to receive taxpayer information.  Complete all fields except Part 5.  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 firm. If you deal with a specific individual at a firm enter both the individual's name and the firm's name. If identify an individual of a firm, then you are giving consent to deal with anyone from that firm.				
	Name of $\bigcirc$ Individual or $\bigcirc$ 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			

AT4930 (Jun-23) Page 1 of 2

	Name :	Alberta Corporate Account Number:	
5	. Cancel Representative(s	s)	
	Complete part (a) to cancel all to cancel a specific individual a	representatives previously authorized to deal with TRA regarding your account OR pa nd/or firm.	rt (b)
	(a) Cancel ALL representat	tives	
	(b) Cancel a specific:	◯ Individual Name(s):	
		Firm Name:	
6	. Certification		
	•	dated by an individual with proper authorization for the business, for example, an owner rporate director, a trustee of an estate or an individual with delegated authority.	∍r,
	a partner of a partnership, a col	rporate director, a trustee of an estate or an individual with delegated authority.  rm, you authorize Tax and Revenue Administration (TRA) to deal with the rt 3 of this form, and/or cancel an authorization listed in Part 5 for this form. We	er,
	a partner of a partnership, a col By signing and dating this for individual or firm listed in Par	rporate director, a trustee of an estate or an individual with delegated authority.  rm, you authorize Tax and Revenue Administration (TRA) to deal with the rt 3 of this form, and/or cancel an authorization listed in Part 5 for this form. We he information provided.	er,
	a partner of a partnership, a collision by signing and dating this for individual or firm listed in Parmay contact you to confirm the individual signing this form	rporate director, a trustee of an estate or an individual with delegated authority.  rm, you authorize Tax and Revenue Administration (TRA) to deal with the rt 3 of this form, and/or cancel an authorization listed in Part 5 for this form. We he information provided.	er,
	a partner of a partnership, a collision by signing and dating this for individual or firm listed in Parmay contact you to confirm the individual signing this form	rporate director, a trustee of an estate or an individual with delegated authority.  rm, you authorize Tax and Revenue Administration (TRA) to deal with the rt 3 of this form, and/or cancel an authorization listed in Part 5 for this form. We he information provided.  is (must select one):  ate director	er,
	a partner of a partnership, a color by signing and dating this for individual or firm listed in Parmay contact you to confirm the individual signing this form an owner a corporation	rporate director, a trustee of an estate or an individual with delegated authority.  rm, you authorize Tax and Revenue Administration (TRA) to deal with the rt 3 of this form, and/or cancel an authorization listed in Part 5 for this form. We he information provided.  is (must select one):  ate director	er,
	a partner of a partnership, a collaboration of the partnership and dating this form individual or firm listed in Partnership and confirm the individual signing this form an owner a corporation of an individual with delegated E-mail Address:	rporate director, a trustee of an estate or an individual with delegated authority.  rm, you authorize Tax and Revenue Administration (TRA) to deal with the rt 3 of this form, and/or cancel an authorization listed in Part 5 for this form. We he information provided.  is (must select one):  ate director	er,

AT4930 (Jun-23) Page 2 of 2