



Form of Authority

Please use alternative form 1012(a) if you are a professional advisor

To: Director of Income Tax
PO Box 37
2 Cornet Street
St Peter Port
Guernsey, GY1 3AZ

Customer's full name:
(please print in capitals)

Tax reference number:
(if known)

I hereby authorise:

- (a) (Name of person to whom authority is given)
(Relevant accounting qualifications, if any – see Statement of Practice M50 at www.gov.gg/taxationstatementsofpractice)
whose signature is appended below, to deal with all matters relating to my income tax affairs.
- (b) You to furnish the above-named with any information they may require in connection with my/the company's income tax returns.

Signature of person to whom authority is given

Address

Contact telephone number

E-mail address

Customer's address

Signature of customer

Date

Please note that whilst this form of authority authorises the Director to discuss your income tax affairs with the named individual, copies of correspondence, assessments, etc will **not** be sent to that named individual.

If you wish for your correspondence to be sent to the named individual instead of yourself, please tick this box. If you tick this box, you will not be issued with notices of assessment, statements or other documents directly.

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This authorisation and change of correspondence address shall be deemed to apply until withdrawn by you in writing.

Data Protection statement: The information provided in this form will be processed in accordance with the Data Protection legislation. Full details of our Data Protection Policy can be found at www.gov.gg/tax.

FOR OFFICE USE ONLY

Form of authority code

Input by (initials)

Form 1012(b) (05/16)