

## **Form of Authority**

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

То:	Director of the Revenue S PO Box 37 St Peter Port Guernsey, GY1 3AZ	Service		
Customer's full name:   (please print in capitals) Tax reference number:   (if known)				
I her	eby authorise:			
(a)	(Name of person to whor	n authority is given)		
	•	· · · · · · · · · · · · · · · · · · ·	ee Statement of Practice M50 at <a href="www.gov.gg/tax">www.gov.gg/tax</a> )	
	whose signature is appen-	ded below, to deal with	all matters relating to my income tax affairs.	
(b)	You to furnish the above company's income tax ret	e-named with any information they may require in connection with my/the eturns.		
Signa	ature of person to whom a	uthority is given		
Addr	ess			
Contact telephone number				
E-mail address				
Customer's address				
Signa	ature of customer			
Date				
the		•	s the Director to discuss your income tax affairs with ssessments, etc will <b>not</b> be sent to that named	
pleas	-	this box, you will not be	named individual instead of yourself, e issued with notices of assessment,	
This in wr		of correspondence addre	ess shall be deemed to apply until withdrawn by you	
ssessme etails of	ent and collection of income tax. Thi	s information will be processed v we look after your data please	required under the Income Tax (Guernsey) Law, 1975 for the purposes of in line with the Data Protection (Bailiwick of Guernsey) Law, 2017. For e visit: <a href="https://www.gov.gg/revenueservice">https://www.gov.gg/revenueservice</a> . If you don't have access to	ful
·	OFFICE USE ONLY		1	
Forn	n of authority code		Input by (initials)	
<u>Forn</u>	n <b>1012(b)</b> (10/18)		1	