



**Form of Authority
for professional advisor**

**To: Director of the Revenue Service
PO Box 37
St Peter Port
Guernsey, GY1 3AZ**

I hereby authorise:

- (a) **(Name of professional advisor)**
- (Professional advisor code*)**
- (Relevant accounting qualifications)**

If authority is for an accountancy firm, i.e. with multiple staff, tick this box to confirm that the person signing off the accounts complies with Statement of Practice M50

whose signature is appended below, to deal with all matters relating to my/the company's 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.

This authorisation shall be deemed to apply until withdrawn by me in writing.

Signature of person (or relevant officer of the person) to whom authority is given

Address

Contact telephone number

E-mail address
(for the issue of copies of notices of assessment, statements and all other documents)

Customer's full name
(please print in capitals)

Tax reference number
(if known)

Customer's address

Signature of customer

Date

***Note for professional advisors: If you have not yet registered with the Income Tax Office and been issued with your professional advisor code, please tick this box**

Fair Processing Notice: The information you have provided on this form is required under the Income Tax (Guernsey) Law, 1975 for the purposes of the assessment and collection of income tax. This information will be processed in line with the Data Protection (Bailiwick of Guernsey) Law, 2017. For full details of our Fair Processing Notice and how we look after your data please visit: <https://www.gov.gg/revenueservice>. If you don't have access to the internet please contact us and a paper copy will be provided.

Form of authority code **Input by** **(initials)**

Form 1012(a) (10/18)