



### Form of Authority

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

To: Director of the Revenue Service  
PO Box 37  
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/tax](http://www.gov.gg/tax)  
under "Practitioners and technical information") .....

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.

This authorisation and change of correspondence address shall be deemed to apply until withdrawn by you  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

**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.

**FOR OFFICE USE ONLY**

Form of authority code

Input by ..... (initials)

**Form 1012(b)** (10/18)

Revenue Service, PO Box 37, St Peter Port, Guernsey, GY1 3AZ

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