



Form of Authority

Professional Advisors - please use alternative form 1012(a)

To: The Revenue Service

Customer's full name
(please print in capitals)

Tax/Social Security number
(if known)

Address
.....

I hereby authorise:

Name
(please print in capitals)

whose signature is overleaf, to deal with, and for you to furnish them with any information they require, relating to:

- my income tax affairs (which will include the income of my spouse where jointly assessed); and
- my social security contribution affairs

Signature of customer

Date

Please note that this form authorises the Revenue Service to discuss your income tax and social security contribution affairs with the named individual, to receive completed tax returns from them on your behalf, and enables the individual to request copies of specific correspondence, assessments, etc. However, copies of all correspondence and assessments will **not** automatically be sent to them. You will be penalised if your tax return is not submitted on time.

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This authorisation and change of correspondence address, if applicable, shall be deemed to apply until withdrawn by you in writing, (and it will continue to apply in respect of your own tax and contribution affairs once independent taxation is introduced).

To remove this authority please complete form 1012(c).

To be completed by the person being given authority:

Signature of person to whom authority is given

Advisor's Address

.....

Contact telephone number

E-mail address

Accounting qualifications, if any, are (see Statement of Practice M50 at www.gov.gg/tax under "Practitioners and technical information")

.....

Fair Processing Notice: The information you have provided on this form is required under the Income Tax (Guernsey) Law, 1975 and the Social Insurance (Guernsey) Law 1978, for the purposes of the assessment and collection of income tax and social security contributions. 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)

Change of Address Input by (initials)

Date form actioned by staff:

Form 1012(b) (12/21)

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

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