

Please print.

District \_\_\_\_\_ Number \_\_\_\_\_

**Plaintiff**

Name of plaintiff \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Versus  
**Agence du revenu du Québec (defendant)**

**Contestation Respecting a Fiscal Matter**

The plaintiff contests the following (check the box or boxes that apply):

- the notice(s) of assessment dated \_\_\_\_\_  
bearing the number(s) \_\_\_\_\_  
and covering the taxation year(s) \_\_\_\_\_  
or period(s) \_\_\_\_\_
- the allocation(s) made by the Agence du revenu du Québec under the first paragraph of section 31 of the *Tax Administration Act* (CQLR, c. A-6.002)
- the decision(s) by the Agence du revenu du Québec under section 65 of the *Act respecting the Québec Pension Plan* (CQLR, c. R-9)

**The plaintiff submits the following facts and reasons**

(Include all facts and reasons. If you need more space, attach a page containing the requested information.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the basis of these facts and reasons, the plaintiff seeks the following (check the box or boxes that apply):

- that the notice(s) of assessment be cancelled
- that the notice(s) of assessment be amended
- that the allocation(s) be cancelled or corrected
- that the decision(s) made under section 65 of the *Act respecting the Québec Pension Plan* (CQLR, c. R-9) be amended

Would the plaintiff consider mediation? .....  Yes  No

**Statement**

I certify that the facts in this form and the enclosed documents are accurate.

If the plaintiff is not an individual, I also certify that it had 10 employees or less at all times during the 12 months preceding the day this contestation was filed or sent.

I understand that this statement is deemed to be a sworn statement.

If applicable, I declare that I am authorized to sign this form for the plaintiff.<sup>1</sup>

Signed at \_\_\_\_\_, on \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Name of plaintiff or person authorized to sign for the plaintiff Signature

Area code Telephone (home) Area code Telephone (work) \_\_\_\_\_

\_\_\_\_\_  
Title

1. An individual must self-represent; he or she cannot be represented or assisted by an attorney. However, if unable to do so, the individual can give his or her spouse, a relative, a person connected to him or her by marriage or civil union or a friend a non-remunerated mandate to represent him or her. The mandate must be recorded in a document identifying the mandatary and stating the reasons why the individual is unable to self-represent, and be signed by the individual. A person other than an individual can be represented only by an officer or an employee exclusively employed by it who is not an attorney.

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District \_\_\_\_\_ Number \_\_\_\_\_

**Plaintiff**

Name of plaintiff \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Versus

**Agence du revenu du Québec (defendant)**

**Contestation Respecting a Fiscal Matter**

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Address \_\_\_\_\_  
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