

# Power of Attorney for Advance Payments

## Tax Credit for Home-Support Services for Seniors

Complete this form if you wish to appoint a person or business as **mandatory** to represent you with Revenu Québec as concerns your advance payments of the tax credit for home-support services for seniors.

This power of attorney does not authorize your mandatory or Revenu Québec to share any other information regarding your tax file. You can revoke this power of attorney at any time by contacting Revenu Québec at 1 800 267-6299.

Your mandatory may, for you and on your behalf, provide to Revenu Québec any information or document relating to your advance payments, and make changes to any such information or document.

If this form is signed by a legal representative (for example, a curator), he or she must include a copy of the legal document designating him or her as such, if such a document has not already been provided to Revenu Québec.

By granting this power of attorney, you authorize Revenu Québec to communicate to your mandatory the information in your tax file that is necessary to carry out the mandate.

### 1 Information about you

Social insurance number: [02] \_\_\_\_\_ Date of birth: [03] **1,9** \_\_\_\_\_

[04] 1.  Mr. 2.  Ms.

Last name: [05] \_\_\_\_\_ First name: [06] \_\_\_\_\_

Apartment: [07] \_\_\_\_\_ Street number: [08] \_\_\_\_\_ Street name, P.O. box: [09] \_\_\_\_\_

City, town or municipality: [10] \_\_\_\_\_ Province: [11] \_\_\_\_\_ Postal code: [12] \_\_\_\_\_

### 2 Information about the person or business being granted the power of attorney (mandatory)

If the mandatory is a **person**, do not complete line 21. If the mandatory is a **business**, do not complete lines 17 to 20.

Social insurance number: [17] \_\_\_\_\_

[18] 1.  Mr. 2.  Ms.

Last name: [19] \_\_\_\_\_ First name: [20] \_\_\_\_\_

Name of the business: [21] \_\_\_\_\_

Apartment: [22] \_\_\_\_\_ Street number: [23] \_\_\_\_\_ Street name, P.O. box: [24] \_\_\_\_\_

City, town or municipality: [25] \_\_\_\_\_ Province: [26] \_\_\_\_\_ Postal code: [27] \_\_\_\_\_

Area code Telephone: [28] \_\_\_\_\_ Extension: \_\_\_\_\_

Also complete page 2.



### 3 Correspondence

Do you want correspondence about advance payments to be sent to the mandatory you designated in Part 2? ..... 30  Yes  No  
If you answer "Yes," correspondence will be sent to the mandatory until the power of attorney is revoked.

### 4 Signature

First name (please print)

Last name (please print)

40 I, \_\_\_\_\_, appoint as mandatory the person or business named in Part 2. This mandatory can represent me with Revenu Québec only with respect to advance payments of the tax credit for home-support services for seniors.

This power of attorney will be valid as of the date indicated hereafter. .... 41 2 0 .....  
Date

42 X ..... 43 2 0 .....  
Signature of the person named in Part 1 of this form or of this person's legal representative Date

Do not use this area. 99  Correspondance



11VR ZZ 49498682