

## **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 **mandatary** to represent you with Revenu Québec as concerns your advance payments of the tax credit for home-support services for seniors.

Your mandatary 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.

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

This power of attorney does not authorize your mandatary 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.

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.

1	Information about you			
	Social insurance number	Date of birth		
02	03	1.9		
04	1. Mr. 2. Ms.			
	Last name	First name		
05				
	Apartment Street number	Street name, P.O. box		
07	08			
	City, town or municipality		Province	Postal code
10			11	12
2	Information about the per	son or business being granted the po	ower of attorney	(mandatary)
If the	mandatary is a <b>norson</b> , do not complete	line 21. If the mandatory is a <b>business</b> do not comple	to lines 17 to 20	

If the mandatary is a **person**, do not complete line 21. If the mandatory is a **business**, do not complete lines 17 to 20. Social insurance number 18 1. Mr. 2. Ms. Last name First name Name of the business 21 Apartment Street number Street name, P.O. box 22 24 City, town or municipality Postal code Province 26 Area code Telephone Extension 28 Also complete page 2.

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3	Correspor					·······
				ndatary you designated in Part 2? power of attorney is revoked.		30 Yes No
4	Signature					·
·········	First name		Last name			
40	,	2. This mandatary can repres		ec only with respect to advance pa		
This	power of attorne	y will be valid as of the dat	e indicated hereafter		41	<b>2</b> , <b>0</b>
42	Χ	Signature of the person named	in Part 1 of this form or of this p	erson's legal representative	43	2.0
			Do not one this	00 0		
			Do not use this area.	99 Correspondance		