

Type of appeal

- Customs Act
- Excise Act, 2001
- Income Tax Act
- Excise Tax Act (GST)

Taxation Year(s) or Assessment Number(s)

(For an Excise Tax (GST) appeal, indicate the period of assessment and the assessment number)

Date of Reassessment, Confirmation or Decision from the Canada Revenue Agency

Name and Address of Appellant

Mr. Mrs. Ms. Miss

Name and Surname of individual or company name

Address

City Province Postal Code

Telephone Number(s):

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Home Work

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Fax

E-mail address (if applicable)

I ELECT TO HAVE THE INFORMAL PROCEDURE APPLY TO THIS APPEAL

TCC USE ONLY

Appeal No.:

If You Are Not Representing Yourself, Please Complete the Following

Name of representative

Name of firm if applicable

Address

City Province Postal Code

Type of Representation

Lawyer Accountant Other

Other, please specify:

Telephone Number(s)

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Home Work

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Fax

E-mail address (if applicable)

