

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.

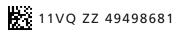
By granting this power of attorney, you authorize Revenu Québec to communicate to your mandatary the information in your tax file that is necessary to carry out the mandate.

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	
02	Social insurance number	Date of birth
UZ		
04	1. Mr. 2. Ms.	
	Last name	First name
05		
	Apartment Street number	Street name, P.O. box
07	80 1 1 1	
	City, town or municipality	Province Postal code
10		11 11 12 11 11 11
2	Info	
2	information about the per	son or business being granted the power of attorney (mandatary)
If the	e 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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•				2 of 2	
3	Correspondence				
Do yo	ou want correspondence about advance pag answer " Yes ," correspondence will be sei	ments to be sent to the mar nt to the mandatory until the	ndatary you designated in Part 2? power of attorney is revoked.		
4	Signature				
······	First name (please print)	Last name (please pri			
40	,, appoint as mandatary the person or business and a properties of the tax credit for home-support service for seniors.				
This p	power of attorney will be valid as of the da	ate indicated hereafter		41 2 0 Date	
42	X Signature of the person name	d in Part 1 of this form or of this p	erson's legal representative	43 2 0	
		Do not use this area.	99 Correspondance		