



Authorization for Parliamentarians

This form authorizes the Canada Revenue Agency to release confidential client information to a member of Parliament or a senator and their staff.

I hereby authorize the Canada Revenue Agency to disclose to MP James Cumming
(Print name of parliamentarian)

information of any kind relating to me as identified below and raised in my correspondence/communication of 2020 Nov 16
Year Month Day

Please check (✓) the appropriate area(s)

<input type="checkbox"/> Income tax matters	<input checked="" type="checkbox"/> CPP/EI matters
<input type="checkbox"/> GST/HST matters	<input checked="" type="checkbox"/> Other matters (please specify): <u>COVID-19 benefit</u>

Client Identification		
Print surname, name, or name of business, corporation, trust, or unincorporated charity and specify type of entity <p align="center">Fallon Merwin-Stone</p>		
Street address 12137 124 street	Home telephone number 5879882642	Work telephone number
City Edmonton	Province AB	Postal code T5L0N1

Complete the one that applies:

Social insurance number (in the case of individuals only)	663523058
Business number: Import/Export	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> R M
Payroll deductions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> R P
Corporate income tax	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> R C
GST/HST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> R T
Registered charity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> R R
Filer identification number	H A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Trust account number	T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Non-Resident account number (or)	N R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Non-Resident account number	S L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments:

I consent to having my case disclosed via cellphone

I contracted COVID-19 as of oct 17 2020. i was on isolation from oct 17-nov01. I did not qualify for WCB as there was no official exposure from work, i did not qualify for short term disability as i started a new position on sept 30 and was still in the probation time as well i had no sick time banked. I applied for the EI sickness benefit on oct 25 and submitted all my documents and it hasnt been approved yet. i'm struggling with bills, i wont be paid from my employer until the end of the month

Fallon Merwin-Stone
Print client name (if not indicated above)

Title (if applicable)
 nov 16 2020
Date

Fallon Merwin-Stone
Client signature