Agence du revenu du Canada

Voluntary Disclosures Program (VDP) Taxpayer Agreement

Protected B when completed

Instructions

- Use this form to make a disclosure under the Canada Revenue Agency (CRA) Voluntary Disclosures Program (VDP). For more information on the VDP, please consult Information Circular IC00-1R.
- A separate disclosure must be made by each taxpayer*. A disclosure should include, a completed RC199, including all the relevant facts and reasons for the disclosure, and all the supporting documents. Failure to include the information and/or the documents may delay the decision on your disclosure.
- You may also use this form to make a No-Name disclosure. However, you must provide the first three
 characters of your postal code so that we can ensure that the appropriate Tax Centre (TC) handles
 your request.
- Section IV Declaration must be signed by you and your authorized representative if applicable.
- The submission must be made in writing and may be mailed or faxed to the appropriate CRA tax centre of responsibility as indicated below.

If you are a resident of, or your principal place of business (for corporations) is, the Atlantic provinces, Quebec, Ontario, Manitoba, Saskatchewan or Alberta (the Prairie Region), Nunavut or the Northwest Territories, please send your disclosure submissions to:

Section I - Taynavar identification (provide information on the taynavar)

The Voluntary Disclosures Program Shawinigan-Sud Tax Centre Post Office Box 3000, Station Bureau-chef Shawinigan, QC G9P 5H9 Fax: 1-888-452-8994 Canada Revenue Agency (Stamp) DO NOT USE THIS AREA

If you are a resident of, or your principal place of business (for corporations) is, British Columbia (the Pacific Region), or Yukon please send your disclosure submissions to:

The Voluntary Disclosures Program Surrey Tax Centre 9755 King George Boulevard Surrey, BC V3T 5E1 Fax: 604-951-5691

If you are a non-resident, please send your disclosure submissions to either Centre mentioned above.

In this form, the term "taxpayer" includes an individual, an employer, a corporation, a partnership, a trust, a Goods and Services Tax/Harmonized Sales Tax (GST/HST) registrant/claimant or a registered exporter of softwood lumber products.

Gection 1 - Taxpayer Identification (provide information on the taxpayer)																								
Legal name of taxpayer						Address																		
City Province, Territory, or State																								
Country (other than Canada) Postal or				or Zip Code					Telephone number Fax number							er								
Account number	Social			ıl Insı	Insurance Number								Trust		<u> </u>		1							
Business number				<u> </u>		<u> </u>				G	ST	1			1	 			1	<u> </u>	1	 	<u> </u>	1
Non-resident NR	resident NR Individual tax number Other				CRA Amount of payment																			
No name disclosure First 3 characters of postal code Age (in years))	Gender Male																			
Section II – Authorized Rep	oresentativ	ve Ident	ificati	i on (p	rovi	de info	orma	ition or	n the p	perso	on aut	thoriz	ed to	act o	n you	ır be	half)							
Legal name of authorized person						Address																		
City Province or territory																								
Country (if other than Canada) Postal code								Telephone number					Fax number											
A letter of authorization, or Form or Form RC59, Business Conser						presen	tative	Э	1				on fi	е			1		attad	hed				



ection III - Disclosure information required (attach a separate sheet if you require additional space)		
ou may file a disclosure to correct inaccurate or incomplete information, or to provide information you may have omitted in RA. More specifically, this includes information you have previously reported that was not complete, information you have built did not provide previously to the CRA.		
order for your disclosure to be considered under the program, please complete the following questions so that we may roassist you in completing this section, please refer to Information Circular IC00-1R).	eview the deta	ils of your submission
1. Is the information being disclosed at least 1 year past due?	Yes	☐ No
Does the disclosure involve the application, or potential application of a penalty? If yes, please provide the details.	Yes	☐ No
Is this disclosure voluntary? (The CRA has not been in contact with you regarding the information being disclosed).	Yes	☐ No
4. Are you aware of any enforcement action undertaken by the CRA, as described in paragraph 32 of the IC00-1R?	Yes	☐ No
5. Are you aware of any enforcement action that has begun against any related party/entity of yours, or against any other third party where the purpose and impact of the enforcement action against the third party are sufficiently related to your disclosure?	Yes	☐ No
6. Have all the facts and documentation been included in the submission?	Yes	☐ No
7. What type of income is involved? (ex. personal, business, trust).		
8. What is the breakdown of taxation years or periods and the amounts for each?		
9. What type of returns are being disclosed?		
T1 - Individual T2 - Corporation T3 - Trust T5 Non-resident Inform	nation return	GST/HST
Other (specify)		
10. If this disclosure is for a corporation, briefly describe the activities involved in this corporation.		

Section IV – Declaration									
Parts A and B must be signed if applicable. For No-Name disclosures, a taxpayer's signature is not required on this form, but a signature must be provided when the identify is revealed to the CRA.									
A – Taxpayer									
I declare that the information and supporting documentation submitted with my disclosure is, to best of my knowledge, true and complete and;									
I recognize that if my disclosure under the Voluntary Disclosures Program is withdrawn or denied, the information I have disclosed to the Canada Revenue Agency may result in enforcement action taken against me wherein an assessment or reassessment may be issued, penalties or interest may be levied, or an investigation and prosecution may be initiated.									
Taxpayer signature	Date								
B – Authorized Representative									
Where an authorized representative is submitting the RC199:									
I am the authorized representative of the Named No-Name taxpayer noted above and I certify that the information provided to me by my client is, to the best of my knowledge, true and complete.									
Authorized representative signature	Date								