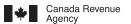


Goods and Services Tax, Harmonized Sales Tax and Laws of Québec



Agence du revenu du Canada

Voluntary Disclosure Application

If you wish to make a voluntary disclosure in order to rectify your tax situation, you or your authorized representative can apply to have a file opened under the voluntary disclosure program by completing this form.

The voluntary disclosure policy applies only if you meet the conditions set out in the current version of interpretation bulletin ADM. 4. If your voluntary disclosure concerns the GST/HST, you must meet the conditions mentioned in the current version of information circular IC00-1, which can be found on the Canada Revenue Agency website at www.cra-arc.gc.ca. If you meet the applicable conditions, Revenu Québec will not impose the penalties provided for under fiscal legislation and will waive its right to institute penal proceedings in respect of the facts disclosed in your application.

Please note that the voluntary disclosure policy does not apply in certain situations, which are described in interpretation bulletin ADM. 4 and information circular IC00-1.

Date the file is opened

As specified in interpretation bulletin ADM. 4, the date on which a voluntary disclosure file is opened corresponds to the date on which Revenu Québec receives a duly completed copy of this form.

Application submitted by an authorized representative

A voluntary disclosure application can be submitted by an authorized representative, in which case a duly completed and signed copy of form MR-69-V, *Power of Attorney, Authorization to Communicate Information, or Revocation,* must be enclosed with this form. In the case of an anonymous disclosure, form MR-69-V must be submitted when the name of the applicant is divulged to Revenu Québec.

Anonymous disclosure

An authorized representative can file an application anonymously on behalf of the person he or she is representing, provided no other voluntary disclosure application has been previously filed by that person. If you have your authorized representative file your disclosure anonymously, your representative will have to provide us with your name within 90 days following the date the file is opened.

Note that, in certain situations, Revenu Québec reserves the right to ask for the name of the applicant before the 90-day period is over.

An authorized representative who files a voluntary disclosure application anonymously must complete the shaded sections (note that the first three characters of the postal code are required) in Part 1 of this form and then complete parts 2 through 5.

Filing an application

You can mail or fax the voluntary disclosure application to the appropriate Revenu Québec office. For more information, see page 4.

Additional information

For more information about Revenu Québec's voluntary disclosure policy, refer to the current version of interpretation bulletin ADM. 4 or to the brochure *Voluntary Disclosure: Rectifying Your Tax Situation* (IN-309-V). You can also visit our website at www.revenuquebec.ca.

1 Information about the applicant (please print)

					GST account number	
	Social insurance nu	mber Q	uébec enterprise	number (NEQ)	Identification number	File
Name of applicant (first nam	ne and last name, in the c	ase of an individua)			
Sex	Date of birth	Commercial or	professional activ	ities, if applicable		Date on which activities began
☐ ☐ M ☐ F	YM	D				Y M D
Full address						Postal code
Area code Telephone	Extension	Area code Fax		Country of residence	e (if not resident in Canada)	
			1			

2 Information about the application

						2 01 4
Have you ever previously filed	a voluntary d	isclosure application wit	h Revenu	Québec?		
☐ Yes ☐ No If yo	ou checked "Ye	es," provide the date of th	ne previou:	s application.	D	
	ell as detailed	information about the firs	st voluntai	you are filing a second voluntary discl ry disclosure (including the file numbe e it with your application.		
3 Information abou	t the autl	horized represen	tative	(please print)		
Name of representative						
Full address						Postal code
Area code Telephone	Extension	Area code Fax		Email		
			1 1 1			
If the name of the applicant is pro-	vided, check this	box.				
Enclose a duly completed copy of	form MR-69-V, <i>F</i>	Power of Attorney, Authorizat	tion to Com	nmunicate Information, or Revocation.		
provide the requested informat	ion on a separa	ate sheet and enclose it w	vith your a	ness corporation Partnership		
Nature of the duties						
Personal income tax	☐ Corporation	i income tax Sour	rce deduct	tions and employer contributions	☐ QST	☐ GST/HST
	•				`	
<u> </u>		· · · · · · · · · · · · · · · · · · ·		business or investment income or cor	nsumption tax	kes that were collected
Periods covered by the volu- the first inaccurate or incomple				ing periods or fiscal periods covered b	y the disclosu	ire. Include the date of
Amount of duties owed. En	ter the total ar	nount of duties owed (in (Canadian	dollars) or, if unknown, provide an est	timate.	

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4 Required information (continued)

You must complete this part if you have any unreported foreign assets or income.

You must complete this part if you have any unreported for	reign assets of income.
Date on which each account was opened	
Date on which the first investments or transfers were made. List the	ne origin and amount of each investment.
Date of which the first investments of durisless were made. Est d	te origin and amount of each investment.
Balance of each account as at the date the voluntary disclosure file	e is opened. Specify the years for which portfolios and statements will be submitted.
, , , , , , , , , , , , , , , , , , , ,	
Names of the foreign financial institutions involved and the count	ries in which they are located
	•
5 Certification	
Sign the applicable section below.	
Applicant	
I certify that this voluntary disclosure application meets the conditions as a voluntary disclosure. Those conditions are set out in interpret	ons, which I certify having read, that must be met in order for a disclosure to be accepted ation bulletin ADM. 4 and information circular IC00-1.
	meet all the conditions stipulated under the voluntary disclosure policy. In such an event, assessment, impose penalties and charge interest, conduct a review or an audit, or even
	information about the facts mentioned above and the particulars of the duties payable, if by this voluntary disclosure application. Revenu Québec will therefore have my full and ation of my voluntary disclosure application.
I certify that the information provided in this form and in any encl	osed documents is accurate.
Signature of applicant	 Date
Authorized representative	
I certify that, based on the information provided by the applicant	t, this voluntary disclosure application meets the conditions, which I certify having read, voluntary disclosure. Those conditions are set out in interpretation bulletin ADM. 4 and
	meet all the conditions stipulated under the voluntary disclosure policy. In such an event, assessment, impose penalties and charge interest, conduct a review or an audit, or even
	nformation about the facts mentioned above and the particulars of the duties payable, d by this voluntary disclosure application. Revenu Québec will therefore have my full and ation of this voluntary disclosure application.
I certify that I am the authorized representative of the applicant a best of my knowledge, consistent with that provided by the applicant and the second sec	and that the information provided in this form and in any enclosed documents is, to the cant.
Signature of authorized representative	 Date
Signature of authorized representative	Dute

Information

Individuals

Individuals who wish to make a voluntary disclosure can mail or fax their applications to one of the offices of the Direction principale des relations avec la clientèle des particuliers or to the Direction des divulgations volontaires (see the addresses and numbers below). Please note, however, that individuals who wish to make an anonymous disclosure, or whose disclosure concerns unreported foreign assets or income, are required to file their applications with the Direction des divulgations volontaires.

Individuals in business and other persons

Individuals in business and other persons that wish to make a voluntary disclosure must file their applications with the Direction des divulgations volontaires.

Direction des divulgations volontaires	
	Direction des divulgations volontaires Revenu Québec Complexe Desjardins Secteur D246VE Montréal (Québec) H5B 1A4 Telephone: 514 287-3585 (extension 2878705) Toll-free: 1 888 830-8808 (extension 2878705) Fax: 514 287-8490
Direction principale des relations avec la clientèle des partic	culiers
Montréal, Laval, Laurentides, Lanaudière and Montérégie	Direction principale des relations avec la clientèle des particuliers Revenu Québec C. P. 3000, succursale Place-Desjardins Montréal (Québec) H5B 1A4 Telephone: 514 864-6299 Toll-free: 1 800 267-6299
Québec City and other regions	Direction principale des relations avec la clientèle des particuliers Revenu Québec 3800, rue de Marly Québec (Québec) G1X 4A5 Telephone: 418 659-6299 Toll-free: 1 800 267-6299
Persons with a hearing impairment	
Montréal region	514 873-4455
Elsewhere	Toll-free: 1 800 361-3795

For more information, please contact one of the above offices or visit our website at www.revenuquebec.ca.