

## **UHRAINE ACCOUNTING & TAX SERVICES (UATS)**

G-11605 101 Street NW, Edmonton AB		
(825) 889-4288 info@uhraineaccountingtaxservices.com		
www.uhraineaccountingtaxservices.com		
BN: 769037433   Professional Tax Preparation & Accounting Services		
AUTHORIZATION & ENGAGEMENT FORM		
Once completed, please email this form to info@uhraineaccountingtaxservices.com		
CLIENT AUTHORIZATION		
I,, authorize Uhraine Accounting & Tax Services		
(UATS)		
to prepare and electronically file my personal income tax return(s) for the tax year		
$\ensuremath{\boxtimes}$ I confirm that all information I have provided is true, complete, and accurate to the best of my knowledge.		
☑ I understand that my return will be prepared based solely on the information I provide. ☑ If the CRA requests additional documentation or clarification, I will provide it promptly.		
FEES & PAYMENT TERMS		
☑ I understand that UATS fees are determined according to the current UATS Price List. ☑ Full payment is due upon completion of my tax return unless otherwise arranged in writing.		
☑ Accepted methods: e-Transfer, cash, or approved payment plan.		



## **CRA AUTHORIZATION**

$\Box$ I authorize UATS to communicate with the Canada Revenue Agency (CRA) on my behalf for the tax year listed above.		
CONFIDENTIALITY		
All client information will remain strictly confidential and will be used only for tax filing or related accounting purposes. UATS does not share personal information without written consent, except as required by law.		
SIGNATURE & DATE		
Client Name:		
Signature:	Date:	
PREPARER USE (Office Only)		
Preparer Name:		
Reviewed By:		
Date Filed: E-File Confirmation #:		
NOTES / COMMENTS		