



Canadian Tax Audit Protection Plan

Participating Tax Professional / Firm Application Form

Please complete and sign this Application Form, and then fax it to:	Sixth Sphere Services Professional Corporation Fax Number: (416) 866-8278
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The Canadian Tax Audit Protection Plan™ is a legal services plan provided by Sixth Sphere Services Professional Corporation (“Sixth Sphere”). If you or your organization would like to offer the benefits of membership in the Plan to your clients, please carefully review the **Canadian Tax Audit Protection Plan™ Participating Tax Professional / Firm Agreement**, which is available under “Forms & Guides” on the Plan’s website at www.ctapp.ca, as it will constitute the legal agreement between Sixth Sphere and you or your organization should you become a Participating Tax Professional or Firm. Then complete this Application Form, sign it, and fax the completed form to the fax number set out above. If your application is accepted by Sixth Sphere, we will notify you in writing and provide you with your organization’s username and password to access the Participating Tax Professional section of our website.

A. Applicant Identification

<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____			
Legal Name			
Business Name			
Primary Business Address			
City		Province	
Telephone	()	Postal Code	
Fax Number	()	Website	

Mailing Address (If different from above)			
City		Province	
		Postal Code	

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B. Applicant's Primary Contact Person

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other _____			
	First Name	Initial	Last Name
Title / Position			
Direct Telephone	()	Email Address	
Cell Phone Number	()		

C. Additional Information About Applicant

1.	Please estimate the number of T1 Income Tax & Benefit Returns filed annually by the Applicant: <input type="checkbox"/> 0 - 20 <input type="checkbox"/> 21 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 250 <input type="checkbox"/> 251 - 500 <input type="checkbox"/> 501 - 1,000 <input type="checkbox"/> More than 1,000 -- Please estimate: _____
2.	Please estimate the number of the Applicant's employees who prepare and file T1 Income Tax & Benefit Returns: <input type="checkbox"/> 0 - 5 <input type="checkbox"/> 6 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> More than 100
3.	Does the Applicant have more than one office location? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please complete Schedule I.

D. FOR CHARTERED ACCOUNTANTS

The amounts payable by Sixth Sphere to a Participating Tax Professional pursuant to Section 4 of the Canadian Tax Audit Protection Plan Participating Tax Professional / Firm Agreement are intended to compensate the Participating Tax Professional for their out-of-pocket costs related to processing applications on behalf of the Tax Professional's clients and for the Tax Professional's covenant to assist their clients and Members in obtaining legal assistance under the Plan. However, the Bylaws and Rules of Professional Conduct of the various provincial Institutes of Chartered Accountants currently prohibit a chartered accountant from accepting compensation for the referral of a service of others to their clients. Sixth Sphere has attempted to clarify this issue with the various provincial Institutes. However, as Sixth Sphere is not a member of any of the Institutes, the Institutes would not issue an advanced ruling to Sixth Sphere as such rulings are only provided to members of the Institute. While it is Sixth Sphere's view that the amounts payable pursuant to Section 4 are not referral fees but rather fees for services provided, Applicants who are chartered accountants have three options. They may accept the amounts payable by Sixth Sphere pursuant to Section 4; they may accept the amounts payable by Sixth Sphere pursuant to Section 4 and pass along the amounts to their clients who elect to become Members of the Plan (thereby reducing the client's Membership Fee in the Plan by 15 per cent); they may waive their right to receive any amount from Sixth Sphere pursuant to Section 4 of the Agreement. If the Applicant elects to waive its rights to receive any Section 4 amounts, Sixth Sphere will donate the amount that would have been payable to the Applicant to a registered charity selected by Sixth Sphere.

<input type="checkbox"/> By checking this box, on behalf of the Applicant, I hereby confirm that the Applicant waives its right to receive any amounts payable to the Applicant pursuant to Section 4 of the Canadian Tax Audit Protection Plan™ Participating Tax Professional / Firm Agreement.

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E. Acknowledgement & Acceptance of Terms & Conditions

On behalf of the Applicant, I hereby confirm that I have reviewed the Canadian Tax Audit Protection Plan™ Participating Tax Professional / Firm Agreement, that I have the authority to bind the Applicant, that the Applicant consents and agrees to the terms and conditions contained therein, that the information contained in this Application Form is true, accurate, and complete, and that the Applicant hereby applies to Sixth Sphere Services Professional Corporation to become a Canadian Tax Audit Protection Plan™ Participating Tax Professional / Firm.

Signature: _____

Date: _____

Schedule I Additional Offices

Office Name or Location			
Office Business Address			
City		Province	
Telephone	()	Postal Code	
Fax Number	()	Contact Person	

Office Name or Location			
Office Business Address			
City		Province	
Telephone	()	Postal Code	
Fax Number	()	Contact Person	

Office Name or Location			
Office Business Address			
City		Province	
Telephone	()	Postal Code	
Fax Number	()	Contact Person	

If necessary, please complete and submit additional Schedule I pages.