

Authorizing or Cancelling a Representative

Protected B
when completed

Complete this form to give the Canada Revenue Agency (CRA) your consent to deal with another person (such as your spouse or common-law partner, other family member, friend, or accountant) who would act as your representative for income tax matters or to cancel any existing representatives on your file. For **individual** accounts, complete this form only if you have a valid social insurance number (SIN), temporary tax number (TTN) or individual tax number (ITN). Only forms received with a valid SIN, TTN or ITN will be processed. Send your completed form to your CRA tax centre. You can find the address of your tax centre on the attached information sheet. You can also give or cancel a consent by providing the requested information online through "Authorize my representative" on our Web site at www.cra.gc.ca/myaccount. To **immediately cancel** a consent, call us at **1-800-959-8281**.

Note
We will accept a change of address only from **you** or **your legal representative**. If you have registered with the **My Account** online service, you can change your address by going to www.cra.gc.ca/myaccount. If you have recently moved, call us at **1-800-959-8281** before submitting this form to ensure we have your current mailing address.

To **authorize** a representative, complete Part 1, Part 2 **or** Part 3, Part 4, and Part 6.
To **cancel** a representative, complete Part 1, Part 5, and Part 6.

Part 1 – Taxpayer information

Complete this part to identify yourself and to give your account number.
You must complete a **separate Form T1013** for each representative.

First name	Last name	Work telephone number	Home telephone number
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Complete the one that applies:	Individual	Trust	T5
	SIN, TTN or ITN	Trust account number T	T5 filer identification number HA

Part 2 – Giving consent for a representative (including online access)

You must complete a **separate Form T1013** for each representative. Online access is not available for **trust** accounts. Refer to Part 3.

<p>To grant online access to your representative, enter his or her identification number.</p> <p>For an individual</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">RepID</div> <p style="text-align: center;">or</p> <p>For a group</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">GroupID</div> <p style="text-align: center;">or</p> <p>For a business</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Business number (BN) 856437975</div> <p>Your representative must have registered the BN with the CRA "Represent a client" service.</p>	<p>Enter the full name of the individual, group or business.</p> <p>Name of individual associated to the RepID</p> <table border="1" style="width: 100%;"> <tr> <td>First name:</td> <td>Last name:</td> </tr> </table> <p>Name of the group associated to the GroupID</p> <div style="border: 1px solid black; height: 20px;"></div> <p>Name of the business associated to the BN</p> <div style="border: 1px solid black; padding: 2px;">Charles Jeffery Chartered Accountant</div>	First name:	Last name:
First name:	Last name:		
<p>Enter the level of authorization (level 1 or 2): Level 2</p> <p>If you do not specify a level of authorization, we will assign a level 1.</p> <p>Our online services do not have a year-specific option. Therefore, your representative will have access to all tax years.</p>			

Part 3 – Giving consent for a representative (other than online access, including trust accounts)

You must complete a **separate Form T1013** for each representative.

- If you are giving consent to an **individual**, enter the individual's full name in the appropriate box below.
- If you are giving consent to a **business**, enter the name of the business in the appropriate box below.

Name of individual	Name of business		
First name:			
Last name:	Telephone :	Ext:	Fax:

Part 3 continued on the next page

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Part 3 – (Continued)

Tick either:

- **Box A** below to give consent for **all** tax years **and** specify the level of authorization; **or**
- **Box B** below to give consent for a **specific** tax year or years **and** specify the level of authorization for **each** tax year.

If you **do not specify a level** of authorization, we will **assign a level 1**.

- A.** All (past, present, and future) tax years Level of authorization (level 1 or 2):
- B.** Enter the applicable tax year or years (past and/or present), and specify the level of authorization (level 1 or 2) for **each** tax year.

Tax year(s)										
Level of authorization										

Month Day

If this consent is for a **trust account** and the year-end is not December 31, enter the month and day of the year-end.

Part 4 – Consent expiry date

Enter an expiry date for the consent given in **Part 2** or **Part 3** if you want the consent to end at a particular time. Your consent will stay in effect until **you** or **your representative** cancels it, it reaches the expiry date you choose, or we are notified of your death.

Year Month Day

Part 5 – Cancelling one or more existing consents

Complete this section **only** to cancel an existing consent. Tick the appropriate box.

- A.** Cancel **all** consents. **B.** Cancel the consents given for the individual, group or business identified below:

Name of individual	Name of business
First name:	
Last name:	

RepID	or	GroupID	or	Business number
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Part 6 – Signature

You or your legal representative (for example, a person with your power of attorney, your guardian, or an executor or administrator of the taxpayer's estate) must sign and date this form. If you are signing and dating this form as the legal representative, tick the box below. If two or more legal representatives are acting jointly on the taxpayer's behalf, the signature of each legal representative is required. Also, send us a copy of the legal document that identifies you as the legal representative, if you have not already done so.

By signing and dating this form, you authorize us to deal with the individual, group, or business identified in **Part 2** or **Part 3** and/or to cancel the consents shown in **Part 5**.

We will process this form only if you provided your **account number** and it is **signed and dated** by you or your legal representative. This form must be received by the CRA **within six months** of its signature date. If not, it will not be processed.

I am not the taxpayer named in part 1 of this form. However, I have power of attorney for this taxpayer, I am the legal guardian of this taxpayer, I am the executor/administrator of this taxpayer's estate, or I am the trustee or custodian of this trust account.

Print name of taxpayer or each legal representative

Signature of taxpayer or each legal representative

Year Month Day

Date of signature

