



Authorizing or Cancelling a Representative

Complete this form to give consent for us at the Canada Revenue Agency (CRA) to deal with another person (such as your spouse or common-law partner, other family member, friend, or accountant) as your representative for income tax matters or to cancel any existing representatives on your file. Send this completed form to your tax centre, or call us at **1-800-959-8281** to **immediately cancel** a consent. 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**.

Note

We will accept a change of address only from **you** or **your legal representative**. If you have recently moved, visit **My Account** on our Web site, or call us at **1-800-959-8281** before submitting this form to ensure we have your correct current mailing address.

Part 1 – Taxpayer information

Complete this part to identify yourself and to give your account number. You will need to complete a **separate copy** of this form for each account.

First name	Last name
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Work telephone number	Home telephone number
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Complete the one that applies:	Individual	Trust	T5
	Social insurance number	Trust account number	T5 filer identification number
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Part 2 – Giving consent for a representative

You must complete a separate Form T1013 for each representative.

- If you are giving consent for an individual, enter the person's full name. To grant this individual online access, also enter their **RepID**.
- If you are giving consent for a business, enter the name of the business. To grant this business online access, also enter their **Business Number (BN)**.

Authorizing online access

The name of the business given below must be the same name that is registered with the CRA "Represent a client" service at **www.cra.gc.ca/representatives**. If the name of the individual or business differ, online access will not be granted. Our online services do not have a year-specific option, so your representative will have access to **all tax years**.

You must write the name of the **individual** or **business** in the box below and include the RepID or BN to grant them online access.

Name of individual: All Members of the Firm	
Name of business: Acute Services Inc.	
Telephone: (403) 456-6089	Ext: _____
Fax: (888) 556-9112	

To grant online access
RepID
OR
Business Number
Your representative must have registered the BN with the CRA "Represent a client" service.

Part 3 – Automatic Cancellation

Authorizing a new representative will **cancel all** existing authorized representatives on file **unless** you check this box.

Part 4 – Levels of authorization

Check 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.

Note

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):

Box B below does not apply to you if you have given online access to a representative.

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																			

Note

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: Month Day

Expiry date

Enter an expiry date if you want the consent to end at a particular time. Your consent will stay in effect until you cancel it, it reaches the expiry date you choose, or we are notified of your death.

Consent expiry date Year Month Day

Part 5 – Cancelling one or more existing consents

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

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

Name of individual: <input type="text"/>	<input type="text" value="ReplID"/>
Name of business: <input type="text"/>	<input type="text" value="Business Number"/>

Note

If you want another representative to act on your behalf for income tax matters for the account specified in **Part 1**, complete **Part 2**, and **Part 4**. If not, go to **Part 6**.

Part 6 – Signature

You or your legal representative (e.g., person with your power of attorney, a guardian, or an executor or administrator of your estate) must sign and date this form. If you are signing and dating this form as the legal representative, 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 or business identified in **Part 2** and/or to **cancel** the consents shown in **Part 5**.

We will not process this form unless it is **signed and dated** by you or your legal representative.

This form must be received by the CRA within 6 months of its signature date. If not, it will not be processed.

Signature Print Name Year Month Day