



Authorizing or Cancelling a Representative

Do not submit this form if your representative has already electronically submitted Form T1013 for you.

Important – If you have recently moved, register with the MyAccount service at www.cra-arc.gc.ca/myaccount before submitting this form to ensure we have your current mailing address or call us at **1-800-959-8281**.

Complete this form to authorize the Canada Revenue Agency (CRA) to deal with another person who would act as your representative for income tax matters or to cancel any existing representatives on your file. Only forms received with a valid account number will be processed.

By registering with the MyAccount service at www.cra.gc.ca/myaccount, you will be able to provide immediate access to your representative, cancel and manage your representatives through "Authorize my representative". You can also authorize or cancel a representative by completing this form and mailing it to your tax centre (**do not fax**). Our service standard to process this paper form is 20 business days or less from the date it is received at the tax centre. To **immediately cancel** a representative, call us at **1-800-959-8281**.

Part 1 – Taxpayer information

You will need to complete a **separate Form T1013** for each account and representative. Complete the line that applies:

SIN, TTN or ITN

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First name: _____ Last name: _____

Trust account number

T									
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Trust name: _____

T5 filer identification number

H	A								
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Filer name: _____

Part 2 – Representative information and authorization

You do not have to complete a new form every year if there are no changes. Complete section A **or** B, as applicable.

A. Authorize online access (includes access by telephone, in person, and in writing)

Online access is not available for **trust** accounts.

To grant online access to your representative, your representative must register online through "Represent a client" at www.cra.gc.ca/representatives and obtain a RepID or GroupID or register their business number (BN). Our online services do not have a year-specific option. Therefore, your representative will have access to **all tax years**.

RepID

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and First name: _____ Last name: _____

GroupID

G									
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and Name of group: _____

Business number (BN)

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and Name of business: _____

Enter the **level of authorization** (level 1 or 2): ☐ If you **do not specify** a level of authorization, we will **assign a level 1**.

If you authorize your representative for **online** access and have a "**care of**" address, you will receive a letter to confirm the authorization.
or

B. Authorize access by telephone, in person, and in writing (no online access)

If you are authorizing an individual, enter the individual's full name. If you are authorizing a business, enter the name of the business. If you want us to deal with a specific individual from that business, enter both the individual's name and the business name. If your representative is a business and you do not identify an individual in that business as your representative, you are authorizing the CRA to deal with **anyone** from that business.

Individual

First name: _____ Last name: _____

Telephone: _____ Ext: _____ Fax: _____

Name of business: _____

Tick the appropriate box and indicate the level of authorization:

☐ All tax years (past, present, and future) **Level of authorization** (level 1 or 2) ☐ If you **do not specify** a level of authorization, we will **assign a level 1**.
or

☐ 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										

Part 3 – Authorization expiry date

Enter an expiry date, if applicable, otherwise the authorization will stay in effect until **you** or **your representative** cancels it or we are notified of your death.

Year			Month			Day		

Part 4 – Cancel one or more existing authorizations

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

☐ Cancel **all** authorizations **or** ☐ Cancel the authorizations given for the individual, group or business identified below:

RepID

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and **First name:** _____ **Last name:** _____

GroupID

G							
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and **Name of group:** _____

Business number (BN)

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and **Name of business:** _____

Part 5 – Signature and date

If you are the **taxpayer**, you must **sign** and **date** this form. If you are the **legal representative**, you must **tick** the box below, **sign** and **date** this form.

☐ **I am the legal representative for this taxpayer or estate/trust** (executor/administrator, power of attorney, the legal guardian or the trustee or custodian of this trust account).

Important: You must send a **complete** copy of the **legal document** giving you the authority to act in this capacity to the taxpayer's tax centre. See the attached information sheet for tax centre addresses.

If **two or more** legal representatives are acting **jointly** on the taxpayer's behalf, the signature of **each** legal representative is required below.

Print name of taxpayer or each legal representative

Year			Month			Day		

X

Date of signature

Signature of taxpayer or each legal representative,
a parent if taxpayer is under the age of 16,
a witness when signed with a mark

This form must be received by the CRA
within six months of the date above.
If not, it will not be processed.