

# 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](http://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](http://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	First name	Last name
Trust account number T	Trust name	
T5 filer identification number HA	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](http://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 \_\_\_\_\_ and First name: \_\_\_\_\_ Last name: \_\_\_\_\_

GroupID  
G \_\_\_\_\_ and Name of the Group : \_\_\_\_\_

Business Number (BN)  
837419597 and Name of the business MORRISON CPA Professional Corporation

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

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

**Individual**  
First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Telephone: - - \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: - - \_\_\_\_\_  
Name of business: \_\_\_\_\_

(Vous pouvez obtenir ce formulaire en français à [www.arc.gc.ca/formulaires](http://www.arc.gc.ca/formulaires) ou en composant le 1-800-959-7383.)



**Part 2 – (Continued)**

Tick the appropriate box and indicate the level of authorization:

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

**Part 4 – Cancel one or more existing authorizations**

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

- Cancel all authorizations.
- Cancel the authorizations given for the individual, group or business identified below:

RepID \_\_\_\_\_ and First name: \_\_\_\_\_ Last name: \_\_\_\_\_ GroupID \_\_\_\_\_  
 G \_\_\_\_\_ and Name of the Group: \_\_\_\_\_  
 Business Number (BN) \_\_\_\_\_ 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 legal representative

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

\_\_\_\_\_  
 Date of signature

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

