Agence du revenu

du Canada

Authorizing or Cancelling a Representative

Protected B when completed

Important - If you moved recently, update your address and contact information with the Canada Revenue Agency (CRA) online if you are registered with MyAccount, at www.cra-arc.gc.ca/myaccount, by telephone at 1-800-959-8281, or in writing.

Complete this form to authorize the CRA to deal with another person who would act as your representative for income tax matters or to cancel any existing representatives on your account.

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. We aim to process this paper form in 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.

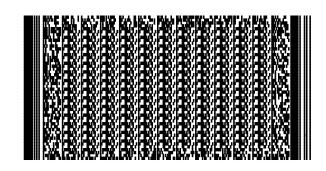
Part 1 - Taxpayer inform	mation —								
You will need to complete a separate Form T1013 for each account and representative. Complete the line that applies:									
SIN, TTN or ITN	First nan	1е	Last name						
Trust account number T	Trust nan	Trust name							
T5 filer identification number HA	Filer nam	Filer name							
Part 2 Panrasantativa	informatio	n and authorizati	ion ———						
Part 2 – Representative You do not have to complete a				ete section	_ A or B, as	applicable	-).		
A. Authorize online access (includes access by telephone, in person, and in writing)									
By completing this section to au with no online access.	uthorize a repre	esentative for a trust a	account, the rep	resentative	will have a	access to a	II tax years	i	
To grant online access to your www.cra.gc.ca/representative on the have a year-specific option of the property	es and obtain a	a RepID or GroupID o	r register their b	usiness nur	nber (BN).				
RepID	and	First name:		l act nam					
CraupID	anu	First Haine.		Last nan	ie				
GroupID G	and	Name of the Gro	ouo :						
Business Number (BN)	u	1441110 01 1110 010							
869738419	and	Name of the bus	iness BCSUN	I & Assoic	at <u>es Inc.</u>				
Enter the level of authorization (level 1 or 2): 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 telepl	=	- -		=					
If you are authorizing an individ of the business. If you want us name. If your representative is authorizing the CRA to deal wit • If you are giving consent for a	to deal with a s a business and th anyone from	specific individual from d you do not identify a n that business	n that business, in individual in th	enter both t at business	he individu s as your re	ual's name	and the bu		
Individual First name:		Last name:							
Name of business:									
Telephone: Ext: _ Fax:									
Tick the appropriate box and in	ndicate the lev	el of authorization:							
All tax years (past, present, of	, and future)	Level of authoriza	tion (specify eitl	ner level 1 d	or 2):		-	cify a level	
or						level 1.		will assign a	
Enter the applicable tax year	ar or years (pa	st and/or present), and	d specify the lev	el of author	ization (lev			year.	
Tax year(s) Level of authorization									

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

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Part 3 – Authorization expiry	date	Protected B when completed
Enter an expiry date, if applicable, othe your representative cancels it or we a	rwise the authorization will stay in e	ifect until you or
Part 4 – Cancel one or more e	xisting authorizations	
Complete this section only to cancel ar	n existing consent. Tick the appropri	ate box.
Cancel all authorizations. or Cancel the authorizations given	n for the individual, group or busi	ness identified below:
RepID		
	First name:	Last name:
GroupID		
<u>G</u>	Name of the Group:	
Business Number (BN)	Name of business:	
Part 5 – Signature and date –		
•	and date this form. If you are the le	gal representative, you must tick the box below,
I am the legal representative for guardian or the trustee or custodial		utor/administrator, power of attorney, the legal
taxpayer's tax centre. F	Read the attached information sheet	ving you the authority to act in this capacity to the for tax centre addresses. the taxpayer's behalf, each representative must
Print name of taxpayer or le		Date of signature
Signature of taxpayer or each legal rep is under the age of 16, a witness		
If your representative has not electronic signature. If not, it will not be processed		nalf then it must be submitted within six months of the date of

Privacy Act, Personal information bank number CRA PPU 175



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