

Authorizing or Cancelling a Representative

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 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)

By completing this section to authorize a representative for a **trust** account, the representative will have access to **all** tax years with **no** online access.

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

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

GroupID

G _____ and **Name of the Group :** _____

Business Number (BN)

869738419 and **Name of the business** BCSUN & Assoiicates Inc.

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 a business, enter the name of the business in the appropriate box below.

Individual

First name: _____ Last name: _____

Name of business: _____

Telephone: - - Ext: _____ Fax: - -

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**.

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								

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



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.
or

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

RepID

GroupID

G

Business Number (BN)

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

Name of the Group: _____

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. Read the attached information sheet for tax centre addresses.

If **two or more** legal representatives are acting **jointly** on the taxpayer's behalf, **each** representative must sign below.

Print name of taxpayer or legal representative

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

If your representative has not electronically submitted this form on your behalf then it must be submitted **within six months** of the date of signature. If not, it will not be processed.

