



## Authorizing or Cancelling a Representative

Complete this form to give the Canada Revenue Agency (CRA) your consent to deal with another person (such as your spouse or commonlaw-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 CRA 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](http://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 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
Work telephone number	Home telephone number

<b>Complete the one that applies:</b>	<b>Individual</b>	<b>Trust</b>	<b>T5</b>
	Social insurance number <b>T</b>	Trust account number <b>T</b>	T5 filer identification number <b>HA</b>

### 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 his or her RepID.
- If you are giving consent for a group, enter the group's name. To grant this group online access, also enter its **GroupID**.
- If you are giving consent for a business, enter the name of the business. To grant this business online access, also enter its **Business Number (BN)**.

#### Authorizing online access

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, group, or business** in the box below **and** include the RepID, GroupID, **or** BN to grant online access.

Name of individual:
Name of group:
Name of business: Dube & Associates Professional Corporation
Telephone: (519) 725-3566 Ext: _____
Fax: (519) 725-3567

<b>To grant online access</b>
RepID
<b>OR</b>
GroupID
<b>G</b>
<b>OR</b>
Business Number 844756122
Your representative must have registered the BN with the CRA " <b>Represent a client</b> " service.

**Part 3 – Levels of authorization**

Tick 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 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:

**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

**Part 4 – Cancelling one or more existing consents**

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

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

Name of individual: _____	<input type="text" value="RepID"/>
Name of group: _____	<input type="text" value="GroupID"/>
Name of business: _____	<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 3**. If not, go to **Part 5**.

**Part 5 – 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, group, or business identified in **Part 2** and/or to cancel the consents shown in **Part 4**.

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 six months of its signature date. If not, it will not be processed.**

Print name

Taxpayer or legal representative signature