Canada Revenue Agency | Agence du revenu du Canada

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Authorizing or Cancelling a Representative

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

By registering for My Account, you can view, add, modify, or cancel your authorized representatives. To **immediately cancel** a representative, call us at **1-800-959-8281**.

Complete a **separate Form T1013** for each account (Part 1) and representative (Part 2).

Do **not** complete a new form every year if there are no changes.

See the attached information sheet if you need help completing this form.

Part 1 – Taxpayer information

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

Complete section A **or** B, as applicable.

A. Authorize online access for all tax years (including access by telephone, in person, and in writing)

Rep ID 6KH2M29 **First name :** William **Last name:** Oliver

Group ID ______ **Group name:** ______

Business number (BN) ______ **Business name:** ______

Representative mailing address: 1000 de La Gauchetière Ouest Suite 2400 Montreal QC H3B4W5

Enter the **level of authorization** (level 1 or 2): Level 2

Notes
A representative of a trust account will have access to **all** tax years with **no** online access.
If you have a **"care of"** address on your account, we will send you a letter asking you to call the CRA to authorize the online access.

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

First name: ______ **Last name:** ______

Business name: ______

Telephone: ______ **Ext:** ______ **Fax:** ______

Tick the appropriate box and indicate the level of authorization:

☐ All tax years (past, present, and future) **Level of authorization** (level 1 or 2) ______

or

☐ Specific tax year(s) with the level of authorization (level 1 - disclose, or level 2 - disclose/request changes) indicated for **each** tax year.

Tax year(s)										
Level of authorization										

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Part 3 – Authorization expiry date

Enter an expiry date, if applicable. Your representative's access to your information will stay in effect until **you** or **your representative** cancel it, or we are notified of your death.

Year Month Day

Part 4 – Cancel your representative

Complete this section to cancel your representative(s) and remove their access to your information. Tick the appropriate box.

☐ Cancel **all** representatives

or

☐ Cancel the representative listed below:

Rep ID ______ **First name :** ______ **Last name:** ______

Group ID ______ **Group name:** ______

Business number (BN) ______ **Business name:** ______

Go to **My Account** at cra.gc.ca/myaccount to view all representatives with access to your information.

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, and **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** legal representative must sign below.

Name of taxpayer, legal representative(s) or corporate officer(s)

Name of corporation and title of corporate officer(s)

X

Signature of taxpayer, legal representative(s), or corporate officer(s)
a parent (if taxpayer is under the age of 16),
a witness (when signed with a mark)

Year Month Day
2016-12-16
Date of signature

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.

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in your request not being accepted. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Banks CRA PPU 005, CRA PPU 015, CRA PPU 063, CRA PPU 140, CRA PPU 178 and CRA PPU 218.