

Canada Revenue

Agence du revenu dŭ Canada

Authorizing or Cancelling a Representative

Protected B when completed

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			
Т	Trust name:		
T5 filer identification number			
H A	Filer name:		
─ Part 2 − Representative inforn	nation and authorization	on —	
Complete section A or B, as applicable.	lation and admonization	on .	
A. Authorize online access for all t	ax years (including acco	ess by telephone, in person, a	and in writing)
RepID	, ,		3 /
	First name:	Last name:	
GroupID			
G	Group name:		
Business number (BN)			
	Business name:		
Representative mailing address:			
Enter the level of authorization (level	1 or 2):	▼	
Notes			
A representative of a trust account w			
If you have a "care of" address on y	our account, we will send yo	ou a letter asking you to call the CR	A to authorize the online access.
B. Authorize access by telephone,	in person, and in writin	g (no online access)	
First name:		Last name:	
Business name:			
Telephone:	Ext:	Fax:	
Tick the appropriate box and indicate t	he level of authorization:		
All tax years (past, present, and fu	ture) Level of authorization	on (level 1 or 2)	
or	,	,	<u> </u>
	of authorization (level 1 - disc	close, or level 2 - disclose/request c	hanges) indicated for each tax year.
Tax year(s)			
	▼ ▼	V V V	▼ ▼

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Part 3 – Authorization exp	iry date —————	
Enter an expiry date, if applicable. \n effect until you or your represen	Your representative's access to your infor tative cancel it, or we are notified of your	mation will stay Year Month Day r death.
Part 4 – Cancel your repre	sentative —	
Complete this section to cancel you	r representative(s) and remove their acce	ess to your information. Tick the appropriate box.
Cancel all representatives or		
Cancel the representative liste	ed below:	
RepID		
	First name:	Last name:
GroupID		
G	Group name:	
Business number (BN)		
	Business name:	
Part 5 – Signature and date	U	ccess to your information.
Part 5 – Signature and date fyou are the taxpayer, you must so fyou are the legal representative.	e ign and date this form. , you must tick the box below, and sign a	and date this form.
Part 5 – Signature and date you are the taxpayer, you must so you are the legal representative.	e ign and date this form. , you must tick the box below, and sign a	
Part 5 – Signature and date f you are the taxpayer, you must so f you are the legal representative I am the legal representation or the trustee or custodian of taxpayer's tax of	ign and date this form. you must tick the box below, and sign a ve for this taxpayer or estate/trust (exe if this trust account). a complete copy of the legal document centre. Read the attached information she	and date this form. ecutor/administrator, power of attorney, the legal guardian giving you the authority to act in this capacity to the eet for tax centre addresses.
Part 5 – Signature and date f you are the taxpayer, you must so f you are the legal representative I am the legal representation or the trustee or custodian of taxpayer's tax of	ign and date this form. you must tick the box below, and sign a ve for this taxpayer or estate/trust (exe if this trust account). a complete copy of the legal document centre. Read the attached information she	and date this form. ecutor/administrator, power of attorney, the legal guardian giving you the authority to act in this capacity to the
Part 5 – Signature and date f you are the taxpayer, you must so f you are the legal representative I am the legal representation or the trustee or custodian or the trustee or custodian or taxpayer's tax or lf two or more below.	ign and date this form. you must tick the box below, and sign a ve for this taxpayer or estate/trust (exe if this trust account). a complete copy of the legal document centre. Read the attached information she	and date this form. ecutor/administrator, power of attorney, the legal guardian giving you the authority to act in this capacity to the eet for tax centre addresses.
Part 5 – Signature and date f you are the taxpayer, you must so f you are the legal representative I am the legal representation or the trustee or custodian of taxpayer's tax of the second of taxpayer, legal representations.	ign and date this form. you must tick the box below, and sign at ve for this taxpayer or estate/trust (exert this trust account). a complete copy of the legal document tentre. Read the attached information she legal representatives are acting jointly or entative(s) or corporate officer(s)	and date this form. ecutor/administrator, power of attorney, the legal guardian giving you the authority to act in this capacity to the let for tax centre addresses. In the taxpayer's behalf, each legal representative must sign
Part 5 – Signature and date f you are the taxpayer, you must so f you are the legal representative I am the legal representation or the trustee or custodian of taxpayer's tax of the second of taxpayer, legal representation or taxpayer, legal representation or the trustee or custodian of taxpayer's tax of the second of taxpayer, legal representation or the trustee or custodian of taxpayer's tax of the second of taxpayer, legal representation or the trustee or custodian of taxpayer's tax of the second of taxpayer, legal representation or the trustee or custodian of taxpayer, legal representation or the trustee or custodian of taxpayer, legal representation or the trustee or custodian of taxpayer's tax of the second of taxpayer, legal representation or the trustee or custodian of taxpayer's tax of the second of taxpayer's tax of taxpayer's taxpayer's tax of taxpayer's tax of taxpayer's tax of taxpayer's taxpa	ign and date this form. you must tick the box below, and sign a ve for this taxpayer or estate/trust (exe if this trust account). a complete copy of the legal document centre. Read the attached information she legal representatives are acting jointly or	and date this form. ccutor/administrator, power of attorney, the legal guardian giving you the authority to act in this capacity to the let for tax centre addresses. In the taxpayer's behalf, each legal representative must sign. Name of corporation and title of corporate officer(s)

Personal information is collected under the Income Tax Act to administer tax, benefits, and 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.

BARCODE