

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 My Account at www.cra.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. Only forms received with a valid account number will be processed.

By registering with My Account at www.cra.gc.ca/myaccount, you will be able to provide immediate access to your representative and 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 **Trust name:** _____

T5 filer identification number **Filer name:** _____

Part 2 – Representative information and authorization

Name of your representative (individual or business): Numbers Plus Professional Corporation

Mailing address: 209-168 Queen Street South Mississauga ON L5M 1K8

Do not 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)

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 ReplD 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.

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.

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

GroupID **Name of group:** _____

Business number (BN) **Name of business:** Numbers Plus Professional Corporation

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)

Enter the full name of the individual or business you are authorizing. If you do not identify a specific representative from that business, you will be authorizing the CRA to deal with any representative from that business.

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** (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									

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.

Year Month Day

Part 4 – Cancel one or more existing authorizations

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

Cancel **all** authorizations
or

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

RepID
[] **First name:** [] **Last name:** []

GroupID
[G] **Name of group:** []

Business number (BN)
[] **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, 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.

Print name of taxpayer or each legal representative

Year Month Day

X

Signature of taxpayer or each legal representative,
a parent if taxpayer is under the age of 16,
a witness when signed with a mark

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.