Authorizing or Cancelling a Representative

Why do you need to complete this form?

Taxpayer information is confidential. If you want us at the Canada Revenue Agency to deal with another person (such as your spouse or common-law partner or accountant) as your representative for income tax matters, we need your consent. You can give this consent by completing Parts 1, 3, and 4 of this form.

Your consent authorizes us to disclose your confidential taxpayer information to your representive and allows him or her to deal with us on your behalf.

You will have to complete a new Form T1013 if you want to change information about an existing representative. For example, if your representative is a firm, you can give consent for us to deal with a specific individual in that firm. In a future year, if you want to replace that individual with another individual in the same firm, you will have to complete a new form to update your consent. **This form does not have to be completed every year.** Your consent will stay in effect until it is cancelled, until it expires, or on notification of your death.

Part 2 – Cancelling one or more existing consent(s)

Your consent will stay in effect until you cancel it or it expires. Remember each consent you give, so you can cancel them when they are no longer needed. You can cancel consent by either calling us at **1-800-959-8281** or by completing Parts 1, 2, and 4 of this form. All consents are automatically cancelled on notification of death.

Part 3 – Giving consent for a representative

You can consent to having more than one representative at the same time. However, you must complete a separate Form T1013 for each representative.

Note

If your representative is a firm and you do not identify an individual in the firm as your representative, you are giving consent for us to deal with anyone from that firm.

Does your spouse, common-law partner, or other family member need your consent?

Yes. We cannot deal with your spouse, common-law partner, son, daughter, or other family member without your consent.

What will your representative be allowed to do?

When you give consent for us to deal with a representative, you are letting that person represent you in all income tax matters, depending on the level of authorization you indicate, for the tax year or years you specify. Income tax matters include issues related to information on your tax return. For example, we will be allowed to disclose your confidential tax information to your representative and perhaps make changes to your tax return as requested by your representative.

If your representative contacts or visits us, he or she will be asked to identify himself or herself. After we confirm your representative's identification, we will ask for specific information relating to:

- your *Notice of Assessment, Notice of Reassessment*, or other tax documents; or
- information about the contents of your return.

However, the representative **will not be allowed** to change your address, your marital status, or your direct deposit information, or be provided with your eight-character access code.

Who can change your marital status, address, or direct deposit information?

Generally, only you can ask us to change your marital status, address, or direct deposit information. However, your legal guardian, someone with a power of attorney granted from you, or your executor can also ask us to change your marital status, address, or direct deposit information. That person does not need to complete this form, but he or she has to provide a copy of the legal document that names him or her as acting in that capacity.

Level of authorization

The level of authorization you indicate tells us what you agree to let your representative do. In some cases, you may want us to disclose your information to your representative, but not to make changes they may request. By indicating the level of authorization, you are controlling the access of your representative.

Note

If **no level** of authorization is **indicated**, we will assign a **Level 1**.

Level 1 – **Disclose**

We may **disclose** the following to your representative:

- information given on your tax return;
- adjustments to your tax return;
- information about your registered retirement savings plan, Home Buyers' Plan, and Lifelong Learning Plan;
- accounting information, including balances, payment on filing, and instalments or transfers;
- information about benefits and credits (Canada Child Tax Benefit, goods and services tax/harmonized sales tax credit); and
- marital status (not information related to a spouse or common-law partner).

Level 2 – **Disclose/Request changes**

We may **disclose** the information as listed in level 1 to your representative, and he or she may **ask for changes** to your account. Such changes include:

- adjustments to income, deductions, and non-refundable tax credits; and
- accounting transfers.

Expiry date

If you leave this space blank, your consent will expire **three years** from the date that we process it. If you want it to expire sooner, you must give us a date.

Note

The expiry date cannot be later than three years after you give your consent. If you indicate a longer period of time, we will apply the three-year expiry date.

Part 4
Signature

If you do not sign and date this form, we cannot be sure that you have given consent for us to deal with the representative identified on the form. **To protect the confidentiality of your tax information**, we will not accept nor act on any information given on this form unless you or a legal representative (power of attorney, executor, legal guardian) has signed and dated the form.

Can you use this form for your business accounts?

No. For Business Number (BN) accounts, you have to complete Form RC59, *Business Consent Form*.

Service standards for processing Form T1013 for individual accounts

T1013 forms for individual accounts received during tax peak time, which is mid-March to mid-July, will be processed within 20 business days of receipt by us. T1013 forms received during tax non-peak time, which is mid-July to mid-March, will be processed within 5 business days of receipt by us. These service standards will be met at least 90% of the time.

Note

A client can immediately cancel a consent by contacting us by telephone at **1-800-959-8281.**

Where do you send your completed form?

Send your completed form to your tax centre at the address listed below. If you are not sure which centre is yours, look on your most recent *Notice of Assessment* or *Notice of Reassessment*. You may also find it on other notices from us.

St. John's Tax Centre
PO Box 12071, Station A
St. John's NL A1B 3Z1

Sudbury Tax Services Office
PO Box 20000, Station A
Sudbury ON P3A 5C1

Summerside Tax Centre
275 Pope Road, Suite 105
Summerside PE C1N 6E8

Winnipeg Tax Centre
P.O. Box 14000, Station Main
Winnipeg MB R3C 3M2

Jonquière Tax Centre
P.O. Box 1900, Station LCD
Jonquière QC G7S 5J1

Surrey Tax Centre
9755 King George Highway
Surrey BC V3T 5E1

Shawinigan-Sud Tax Centre
P.O. Box 3000, Station Main
Shawinigan-Sud QC G9N 7S6

International Tax Services Office
2204 Walkley Road
Ottawa ON K1A 1A8

Do you need more information?

If you need more information, call us at **1-800-959-8281** or visit our Web site at **www.cra.gc.ca**.

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Authorizing or Cancelling a Representative

Complete this form to cancel any existing consents or to give consent for us at the Canada Revenue Agency to deal with another person (such as your spouse or common-law partner, other family member, or accountant) as your representative for income tax matters. Send this completed form to your tax centre or you can 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.

Part 1 – Client information

Complete this section to identify yourself and to indicate your account number. You need to complete a **separate copy** of this form for each account.

Enter one account number

Individual
Social insurance number

Trust account number
T

T5 filer identification number
H A

First name
Last name
Daytime telephone number
( )

Mailing address: Apt. No. – Street No. Street Name, P.O. Box, R.R.

City
Prov./Terr.
Postal code

Enter the province or territory where you **currently** reside if it is not the same as that shown above for your mailing address:

Is this a new address? Yes ☐

If you answered *yes*, please give the effective date
Year Month Day

Part 2 – Cancelling one or more existing consent(s)

Complete this section **only** to cancel an existing consent.
Tick **box A** to cancel **all** consents. Tick **box B** to cancel a consent given for an individual and/or firm.

☐ **A.** Cancel **all** consents.

☐ **B.** Cancel the consent(s) given for the individual and/or firm identified below:

Name of individual

Name of firm

Note
If you want another representative to be provided with information about the account indicated in Part 1, complete Part 3.
If not, go to **Part 4**.

Part 3 – Giving consent for a representative

If you are giving consent for an individual, enter the individual's full name.
If you are giving consent for a firm, enter the name of the firm. Also, if you want us to deal with a specific individual of that firm, enter the person's name.
If you do not identify an individual at the firm, you are giving your consent for us to deal with anyone from that firm.

Name of individual

Name of firm

Daytime telephone number
( ) Extension

Fax number
( )

continue on the back ⇨

(Vous pouvez obtenir ce formulaire en français à **www.arc.gc.ca** ou au **1 800 959-3376**.)

Canada

Part 3 – Giving consent for a representative (continued)

Levels of authorization

Level 1 – Disclose

We may **disclose** the following to your representative:

- information given on your tax return;
- adjustments to your tax return;
- information about your registered retirement savings plan, Home Buyers' Plan, and Lifelong Learning Plan;
- accounting information, including balances, payment on filing, and instalments or transfers;
- information about benefits and credits (Canada Child Tax Benefit, goods and services tax/harmonized sales tax credit); and
- marital status (not information related to a spouse or common-law partner).

Level 2 – Disclose/Request changes

We may **disclose** the information as listed in Level 1 to your representative, and he or she may **ask for changes** to your account. Such changes include:

- adjustments to income, deductions, and non-refundable tax credits; and
- accounting transfers.

Note

If **no level** of authorization is **indicated**, we will assign a **Level 1**.

Tick **box A** below if the consent applies to **all** tax years. Tick **box B** if the consent applies to a **specific** tax year or years. Indicate the level of authorization for **each** tax year.

☐ **A.** All (past, present, and future) tax years. Consent expiry date (**maximum 3 years**) Year Month Day

Tick a **level of authorization: Level 1 – Disclose** ☐ **Or** **Level 2 – Disclose/Request changes** ☐

☐ **B.** Tax year or years (past, present, or future). Enter the applicable tax year or years.

Tax year	Level of authorization	Tax year	Level of authorization	Tax year	Level of authorization

Consent expiry date (**maximum 3 years**) Year Month Day

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:

Month Day

Part 4 – Signature

You or the legal representative (e.g., guardian, person with power of attorney, executor) must sign and date this form. If this form is **not** signed and dated, we will return it. Also, if this form is signed and dated by a 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 **cancel** the authorization(s) indicated in **Part 2** and/or **deal** with the individual and/or firm identified in **Part 3**.

We will not accept this form unless it is **signed and dated**. You must also indicate a **level of authorization for each tax year** specified. If **no level** of authorization is **indicated**, we will assign a **Level 1**.

X ______________________________ ______________

Signature (enter your **title** if you are a **legal representative**) Date