Canada Customs and Revenue Agency   Agence des douanes et du revenu du Canada

Authorizing or Canceling 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

T5 filer identification number
H

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 – Canceling 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**.)

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 installments 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**.

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