



Use this form to consent to the release of confidential information about your Business Number (BN) account(s) to the representative named below, or to cancel consent for an existing representative.

- Complete Parts 1, 2, and 5 to name a representative.
- Complete Parts 3, 4, and 5 to cancel consent for an existing representative.
- Complete all parts of this form if you want to both name a new representative and cancel consent for an existing representative.

If you have questions, such as where to send this form, call us at 1-800-959-5525.

Part 1 - Business Information - Complete this part to identify your business (all fields have to be completed)

Business Name: _____ **Business Number:**

Telephone Number: () - _____

Part 2 - Authorize a representative

If you are giving consent for an individual, enter that person's full name or if you are giving consent to a firm, enter the name of the firm and the BN. If you want us to deal with a specific individual in that firm, enter **both** the individual's name and the name of the firm. If you do not identify an individual of the firm then you are giving us consent to deal with anyone from that firm.

Name of Individual: _____ Name of Firm: Talbot and Associates

Telephone Number: (204) 269-7460 **BN:**

Authorize online access

You can authorize your representative to deal with us through our online services for representatives. You have to provide the ReplID of the individual or the Business Number of the firm indicated above. The name of the firm provided above must be the same name that is registered with the Represent a Client service at www.cra.gc.ca/representatives. If the firm names differ then online access will not be granted. Our online services do not have a year specific option, so your representative will have access to all years.

ReplID: **OR** **BN:**

(for above individual) The BN must be registered with the Represent a Client service to be an online representative.

Part 3 - Which Accounts and Which Years?

i) Accounts - Select which accounts the above individual or firm is authorized to access (check only box A or B).

| | |
|---|--|
| <p>A. <input checked="" type="checkbox"/> This authorization applies to all BN accounts and all years. Note: oline access is available for box A only.</p> <p>Expiry date: <input type="text"/></p> | <p>Authorization level: <input type="checkbox"/> Disclose information only</p> <p style="text-align: center;">OR</p> <p><input checked="" type="checkbox"/> Disclose information and make changes to your BN account(s)</p> |
| OR | |
| <p>B. <input type="checkbox"/> This authorization applies only to BN accounts and periods listed in Part 3ii.</p> | |

BUSINESS CONSENT FORM

BUSINESS CONSENT FORM (RC59 continued)

ii) Details of accounts and fiscal periods - Complete this area if you checked box "B" in Part 3 i).

If you checked box B in part 3i, you have to provide at least one program identifier (see Instructions on the last page). You can then check the "all accounts" box for that program identifier or enter a specific account number. Provide the authorization level ("1" to disclose information or "2" to disclose information and make changes). You can also check the "All years" box to allow unlimited tax year access or enter a specific fiscal period (**specific period authorization is not available for online access**). You can also enter an expiry date to automatically cancel authorization. If additional authorizations or more than four program identifiers are needed complete another RC59.

| Program identifier | All accounts | Specific account | Authorization level | All years | or | Specific fiscal period (not available for online access) | Expiry date |
|--------------------|--------------------------|-------------------------|---------------------|--------------------------|----|---|----------------------|
| RC | <input type="checkbox"/> | or <input type="text"/> | 1 | <input type="checkbox"/> | or | Year End <input type="text"/> | <input type="text"/> |
| RC | <input type="checkbox"/> | or <input type="text"/> | 1 | <input type="checkbox"/> | or | <input type="text"/> | <input type="text"/> |
| RC | <input type="checkbox"/> | or <input type="text"/> | 1 | <input type="checkbox"/> | or | <input type="text"/> | <input type="text"/> |
| RC | <input type="checkbox"/> | or <input type="text"/> | 1 | <input type="checkbox"/> | or | <input type="text"/> | <input type="text"/> |

Part 4 - Cancel one or more existing authorizations - Complete this section only to cancel existing authorization(s)

- A. Cancel **all** authorizations
- B. Cancel authorization for the individual or firm identified below.

Name of Individual: _____ Name of Firm: _____

Part 5 - Certification

This form must be signed by an authorized person of the business such as a proprietor of a proprietorship, a partner of a partnership, a director of a corporation, an officer of a non profit organization or a trustee of an estate. By signing and dating this form, you authorize the CRA to deal with the individual or firm listed in Part 2 of this form and/or cancel the authorizations listed in Part 4.

First name: _____ Last name: _____

Title: Proprietor

Sign here ► _____ Date

WE WILL NOT PROCESS THIS FORM UNLESS IT IS SIGNED AND DATED BY AN AUTHORIZED PERSON OF THE BUSINESS.