

Complete this form to consent to the release of confidential information about your program account(s) to the representative named below, or to cancel consent for an existing representative. Send this completed form to your tax centre (See Instructions). Make sure you complete this form correctly, since we cannot change the information that you provided. You can also give or cancel consent by providing the requested information online through My Business Account at www.cra.gc.ca/mybusinessaccount.

Note: Read all instructions on the last page before completing this form.

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

Business Name: _____ BN: _____
Telephone Number: _____

Part 2 - Authorize a representative - Complete either part a) or b)

a) Authorize access by telephone, fax, mail or in person by appointment

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

Note: If you are authorizing a representative (individual or firm) who is not registered with the Represent a client service, the phone number is required.

Name of Individual: _____ Name of Firm: _____
Telephone Number: _____ BN: _____

Or

b) Authorize online access (includes access by telephone, fax, mail or by appointment)

You can authorize your representative to deal with us through our online service for representatives. The Business Number must be registered with the 'Represent a Client' service to be an online representative. Our online service does not have a year-specific option, so your representative will have access to all years. Please enter the name and Repld of the individual or GroupID and name of the group or name and BN of the firm.

Name of Individual: _____ and ReplID: _____
OR
Name of Group: _____ and GroupID: _____
OR
Name of Firm: Leonard Bruno & Associates Inc. BN: 899951362
Telephone Number: 604-454-9484

Part 3 – Select the program accounts, years and authorization level

a) Program Accounts – Select the program accounts the above individual or firm is authorized to access (tick only box A or B).

A. [X] This authorization applies to all program accounts and all years.
Online access is available for all years only.
Expiry date: _____

And

Authorization Level (tick level 1 or 2)

- [] Level 1 lets CRA disclose information only on your program account(s) Or
[X] Level 2 lets CRA disclose information and accept changes to your program account(s).

OR

B. [] This authorization applies only to program accounts and periods listed in Part 3b). If you ticked this option, you must complete 3b).

Business Consent form (RC59 continued)

b) Details of program accounts and fiscal periods – Complete this area only if you ticked box B in Part 3a) on page 1.

If you checked box B in part 3a), you have to provide at least one program identifier (see Instructions on page 1). You can then tick the "All program accounts" box for that program identifier or enter a reference number. Provide the authorization level (tick either box 1 to disclose information or box 2 to disclose information and accept changes to your program account).

You can also tick 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 more authorizations or more than four program identifiers are needed, complete another Form RC59.

Program identifier	All accounts	Reference number	Authorization level		All years	or	Specific fiscal period (not available for online access)	Expiry date
			1	2				
_____	<input type="checkbox"/> or	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	Year-end	_____
_____	<input type="checkbox"/> or	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	_____	_____
_____	<input type="checkbox"/> or	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	_____	_____
_____	<input type="checkbox"/> or	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	or	_____	_____

Part 4 – Cancel one or more authorizations – Complete this part only to cancel authorization(s)

- A** Cancel all authorizations.
- B** Cancel authorization for the individual, group or firm identified below.
- C** Cancel authorization for specific program account(s) _____

Name of Individual: _____ and RepID: _____
OR
 Name of Group: _____ and GroupID: _____
OR
 Name of Firm: _____ and BN: _____

Part 5 - Certification

This form has to be signed by an authorized person of the business such as an owner, 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, group or firm listed in Part 2 of this form or cancel the authorizations listed in Part 4.

First name: _____ Last name: _____
 Sign here ► _____ Date _____

We will not process this form unless it is signed and dated by an authorized person of the business.