Authorize a Representative

X	Enable	printing	and	EFILE	of this	authorization	request
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Select "EFILE Authorize a Representative" under the "EFILE" menu to file this authorization.

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П	Inst	rı ı	C†	\cap	ne

- 1. Print this page and have it signed and dated by the taxpayer or legal representative.
- 2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the Canada Revenue Agency (CRA). Do not send the signature page to CRA by mail or fax unless requested to do so.

Tax	kpayer inform	nation			
SIN	I	First name			Last name
Re	nresentative	information and	authorization		
П	Individual	Representative			
X	Business	ID: Firm BN:	821587060	Business name	MrTaxes.ca Inc.
	Group	Group ID:	xxxxxxxxxx		
Le	vel of authoriz	ation (1 or 2):2	_		
				e information to the ose information an	e representative d accept changes made by the representative
Ent	er an expiry d	ate, if applicable	(YYYYMMDD)	_	
Sig	nature and d	ate			
Ву	signing and da	ating this page, yo	u authorize the	Canada Revenue	Agency to interact with the representative
me	ntioned above				
		Name	of taxpayer		
					2025-
		Signature	e of taxpayer		YYYY-MMDD
					Date of signature

