

Version française disponible.

Please read the Important Information on page 2.

Complete this form when you have dealings with the Ontario Ministry of Finance and you need to:

- authorize the ministry to deal with another individual (such as your spouse, other family member, accountant, tax consultant, or solicitor) as your representative for Ontario tax/program matters as selected by you in Part 1 below.
- cancel one or more existing authorizations.

Part 1 Client Information

Legal name (Corporate name, if applicable) Last First		Daytime phone number ()	Business Number
Mailing address Apt./Suite/Unit No.	Street number and name	PO Box, R.R., Postal Stn	
City	Province/Territory/State	Postal/Zip code	

Please specify under which statute(s)/program(s) your representative will be acting on your behalf and state your appropriate account, permit or reference number(s).

<input type="checkbox"/> <i>Electricity Act, 1998</i> <input type="checkbox"/> <i>Debt Retirement Charge</i> <input type="checkbox"/> <i>Gross Revenue Charge</i> <input type="checkbox"/> <i>Payments In lieu of Federal and Provincial Corporate Tax</i> <input type="checkbox"/> <i>Employer Health Tax Act</i> <input type="checkbox"/> <i>Alcohol and Gaming Regulation and Public Protection Act, 1996</i> <input type="checkbox"/> <i>Beer Account</i> <input type="checkbox"/> <i>Wine Account</i> <input type="checkbox"/> <i>Land Transfer Tax Act</i>	<input type="checkbox"/> <i>International Fuel Tax Agreement</i> <input type="checkbox"/> <i>Retail Sales Tax Act</i> <input type="checkbox"/> <i>Gasoline Tax Act</i> <input type="checkbox"/> <i>Fuel Tax Act</i> <input type="checkbox"/> <i>Tobacco Tax Act</i> <input type="checkbox"/> <i>Tobacco Account</i> <input type="checkbox"/> <i>Tobacco Retail Dealer's Account</i> <input type="checkbox"/> <i>Mining Tax Act</i> <input type="checkbox"/> <i>Corporation Tax Act</i> <i>CT - Insurance Premium Tax</i>
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Part 2 Authorizing a Representative

Name of representative Last First		Title (if applicable)
Name of firm (if applicable)		
Mailing Address Apt./Suite/Unit No.	Street number and name	PO Box, R.R., Postal Stn
City	Province/Territory/State	Postal/Zip code
		Daytime phone number ()
		Fax number ()

Scope of Authorization

Authorize your representative to act on your behalf with the Ministry of Finance for the purposes of Ontario tax/program matters, under the account number(s) specified in Part 1. You can authorize your representative to receive certain mail addressed to the address provided in Part 2 of this form, on your behalf, by checking the Mail Returns, Mail Credentials and Mail Statement/Assessment listed below.

in all matters; or only for matters specified below.

- Check all that apply ▶
- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Applications | <input type="checkbox"/> Returns | <input type="checkbox"/> Mail Statements/ Assessments | <input type="checkbox"/> File and receive electronic rebates/refunds |
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Rulings/ Interpretations | <input type="checkbox"/> File electronic rebates/refunds | <input type="checkbox"/> File and receive manual rebates/refunds |
| <input type="checkbox"/> Objections | <input type="checkbox"/> Statements | <input type="checkbox"/> File manual rebates/refunds | <input type="checkbox"/> Transmission of confidential information by facsimile |
| <input type="checkbox"/> Appeals | <input type="checkbox"/> Mail Returns | <input type="checkbox"/> Other Specify ▶ | |
| <input type="checkbox"/> Renewals | <input type="checkbox"/> Mail Credentials | | |

Year(s) to which this authorization applies

- All years, including all previous and future years
 or
 Specific year or years (no more than 6 years) Specify ▼

Part 3 Cancelling one or more existing authorizations (Choose **one** of the following.)

- Cancel **all** existing authorizations.
or
 Cancel **all** existing authorizations **given to the representative** shown below.

Name of representative Last First	Title (if applicable)
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Name of firm (if applicable) _____

Part 4 Signature *This form will not be accepted unless it is signed.*

By signing this form, you authorize the Ministry of Finance to:

- deal with the representative identified in **Part 2** according to the details provided;
- cancel the existing authorization(s) described in **Part 3**.

Individual or authorized person		Signature	Date
Name (print) Last First			
Title			

The personal information provided by you on this form is collected under the authority of the Acts shown on page 1 of this form, and will be used for the purpose of determining the authority of a representative who requests information or activity on your account. Questions about this collection may be directed to an Agent with the Ministry Information Centre at 1 866 ONT-TAXS (1 866 668-8297) or in writing to the address provided in the instructions.

Important Information

Why do you need to complete this form?

Tax information is confidential. If you want the Ministry of Finance (ministry) to deal with another individual (such as your spouse, accountant or solicitor) as your representative, we need your authorization. You can do this by completing **Parts 1, 2, and 4** of this form.

Your authorization will stay in effect until you cancel it. You can cancel an existing authorization by completing **Parts 1, 3, and 4** of this form. All authorizations are automatically cancelled upon notification of the representative's death.

You will have to complete a new *Authorizing or Cancelling a Representative* form if you want to change any information about an existing representative. For example, if your representative is a firm, you may authorize the ministry to deal with a specific individual in that firm. In a future year, should you want to replace that individual with another individual in the same firm, you will have to complete a new form to update your authorization.

You can have more than one authorized representative at the same time. However, you have to complete a separate *Authorizing or Cancelling a Representative* form for each representative.

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

Yes. The ministry cannot deal with your spouse, common-law partner, son, daughter, other family member or friend without your signed authorization.

What will your representative be allowed to do?

When you authorize the ministry to deal with a representative or to receive certain pieces of mail, you are allowing that person to act on your behalf for matters under the tax acts as selected by you in **Part 1**, for the tax year or years you specified in **Part 2**. For example, the representative will be allowed to discuss your confidential tax information with the ministry and ask the ministry to make changes to your tax Return. Should you wish to authorize your representative to represent you in specific issues or receive certain pieces of mail on your behalf, please specify which issues they are authorized to act on your behalf and/or what types of mail they can receive, in **Part 2**.

What happens if you do not sign this form?

If you do not sign this form, the ministry cannot be sure that you have given it the authority to deal with the representative identified on the form. To protect the confidentiality of your tax information, the ministry will not accept or act on any information given on this form unless you have signed the form.

If you need more information or further assistance in completing this form –

call:
 Ministry of Finance 1 866 ONT-TAXS (1 866 668-8297)
 Teletypewriter (TTY) 1 800 263-7776
 or visit our website at: ontario.ca/finance

Mail your completed form to:

Ministry of Finance
 33 King Street West
 PO Box 627
 Oshawa ON L1H 8H5