



## Address change request

Do not use this area

Use this form to change your address and telephone number(s).

You can also update your address and telephone number(s) over the Internet using the Change my address online service of My Account at [canada.ca/my-cra-account](https://canada.ca/my-cra-account) or via the MyCRA application at [canada.ca/cra-mobile-apps](https://canada.ca/cra-mobile-apps).

### Information about you

First name and initial Last name Social insurance number

Date of birth: Year Month Day

#### Current mailing address we have on file

Apt no – Street no Street name PO box RR

City Province/Territory Postal code

Country, state, zip code (if outside Canada)

#### New mailing address

Apt no – Street no Street name PO box RR

City Province/Territory Postal code

Country, state, zip code (if outside Canada)

Effective date Year Month Day Care of (c/o) – Other individual or an organization

#### Telephone numbers

Home Work Other

### Complete the following section if your home address is different from your mailing address

#### Current home address we have on file (if different from above)

Apt no – Street no Street name PO box RR

City Province/Territory Postal code

Country, state, zip code (if outside Canada)

#### New home address (if different from above)

Apt no – Street no Street name PO box RR

City Province/Territory Postal code

Country, state, zip code (if outside Canada)

Date of move Year Month Day

## Certification

If you are the taxpayer, you must sign and date this form.

If you are the **legal representative**, you must **tick** the box below, and **sign** and **date** this form.

☐ **I am the legal representative for this taxpayer** (executor/administrator, power of attorney, the legal guardian).

**Important:** As a legal representative, please make sure that you have either included or have already sent a **complete** copy of the **legal document** that supports your authorization to the CRA before submitting a request to change a taxpayer's address.

|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |     |     |   |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|-----|-----|---|---|
| <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">Name of taxpayer or legal representative(s)</p>                                                                                        | <table border="1" style="border-collapse: collapse; margin: 0 auto;"> <tr> <td style="padding: 2px;">Year</td> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> </tr> </table> <p style="text-align: center;">Date of signature</p> | Year | Month | Day | _ _ | _ | _ |
| Year                                                                                                                                                                                                                        | Month                                                                                                                                                                                                                                                                                                                                                                                              | Day  |       |     |     |   |   |
| _ _                                                                                                                                                                                                                         | _                                                                                                                                                                                                                                                                                                                                                                                                  | _    |       |     |     |   |   |
| <hr style="border: 0; border-top: 1px solid black;"/> <p style="text-align: center;">Signature of taxpayer, legal representative(s), a parent (if taxpayer is under the age of 16), a witness (when signed with a mark)</p> |                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |     |     |   |   |

## Purpose of this form

Complete this form to notify us of a change in your mailing address or your home address or of a change in your telephone number(s).

You **cannot** use this form:

- to notify us of a change of name
- to notify us of a change in your date of birth
- if you have not filed an income tax and benefit return with the Canada Revenue Agency

## Why is it important?

When you tell us your new address in advance:

- you can avoid a disruption in receiving your benefit payments, such as GST/HST credit payments (including certain related provincial payments), universal child care benefit payments, and Canada child tax benefit payments (including certain related provincial or territorial payments), as well as working income tax benefit advance payments.

## More information

- If you do not have a social insurance number but you already got an individual tax number or a temporary taxation number, continue to use the tax number you have been issued.
- Indicate your home or mailing address if it is different from what it was when you last dealt with us.
- Send your completed form to your local office listed below:

Jonquière Tax Centre  
PO Box 1900 Stn LCD  
Jonquière QC G7S 5J1

Winnipeg Tax Centre  
PO Box 14005 Stn Main  
Winnipeg MB R3C 0E3

Sudbury Tax Centre  
PO Box 20000 Stn A  
Sudbury ON P3A 5C1

## Privacy Act Notice

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at [canada.ca/arc-info-source](http://canada.ca/arc-info-source), Personal Bank numbers CRA PPU 005 and CRA PPU 063.