



T1 ADJUSTMENT REQUEST

- Use this form to request an adjustment (a reassessment) to an individual income tax return.
- See the back of this form for information on how to complete it.
- Send the completed form to the Individual Client Services and Benefits Division of your tax centre as indicated on your notice of assessment. You can find the address on the back of this form.

A Identification		For filing <input type="checkbox"/> DO NOT USE THIS AREA			
Social insurance number	Adjustment request for the _____ tax year (complete a separate form for each year)	PSN			
Full name: (please print your surname first)		<input type="checkbox"/> Acknowledgement <input type="checkbox"/> Stall code			
Address: (please print) <input type="checkbox"/> same as on the return <input type="checkbox"/> or:					
		Assessor	Date	Rev.	Date

B Authorization – complete this area if you are authorizing a person or firm to make this request on your behalf.	
Name and address of authorized person or firm preparing this request: (please print)	Letter of authorization (or Form T1013, <i>Authorizing or Cancelling a representative</i>) for the year under review (must indicate level 2 – See HOW TO COMPLETE THE FORM on reverse): <input type="checkbox"/> was submitted previously <input type="checkbox"/> is attached

C Adjustment details					
Using your copy of your tax return and your Notice of Assessment or Reassessment, list below the details of your requested change. If you have received an assessment or reassessment notice with an amount that is different from the amount on the return, use the amount stated on the notice. You must provide supporting documentation for the entire revised amount. This may include receipts, schedules, or other relevant documents. Your request may be delayed if you do not provide all required information with this form. See the back of this form for information about required documentation and for examples of how to complete this area.					
Line number from return or schedule	Name of line from return or schedule	Previous amount	+ –	Amount of change	Revised amount

Other details or explanations (attach an extra sheet if required)

D Certification			
I certify that the information given on this form and any documents attached is, to the best of my knowledge, correct and complete.			
Date	Taxpayer signature	Representative signature	Telephone
		(Home) _____	
		(Business) _____	