

**Alternative Address Authorization**

Complete this form to have your notice of assessment and refund (if applicable) mailed to an alternative address.

This authorization is valid for the current tax year only. You will need to send a new authorization form each year you want to use an alternative address.

You must attach this form to your return for the current tax year.

We will **not** use this authorization to mail your goods and services tax/harmonized sales tax credit payments, Canada child benefit payments (including certain related provincial and territorial payments), working income tax benefit advance payments, correspondence, or notice of reassessment to an alternative address.

You **cannot** use this form if:

- your current mailing address is care of a public trustee;
- you were bankrupt at any time in the tax year;
- your tax return is being sent by a discounter;
- you are filing a return for a tax year other than the current one;
- you are a non-resident filing an *Old Age Security Return of Income*;
- you are filing returns for other years at the same time; or
- you gave your email address to the Canada Revenue Agency (CRA) and are registered for online mail. You will get email notifications to view your notice of assessment online. For more information or to register for online mail, go to **canada.ca/guide-taxes-online-mail**.

By signing this form, you agree that the CRA will not be responsible for the use or disclosure of information contained on your notice of assessment, and for any misappropriation of your refund.

Taxpayer information		Tax year ▶
Your first name	Your last name	Social insurance number

Choose **one** of the following two options:

- 1 ☐ Tick this box to have **both** your notice of assessment and refund (if applicable) mailed to the alternative address given below. **For this refund only**, we will ignore any direct deposit information we have on file and mail your refund to the alternative address given below.
- 2 ☐ Tick this box to have **only** your notice of assessment mailed to the alternative address given below. Your refund (if applicable) will be deposited into your bank account according to the direct deposit information we have on file. If we cannot deposit your refund into your bank account, we will mail your refund to the alternative address given below.

Alternative address			
c/o (if applicable)			
If an individual : First name		Last name	
or if a business : Business name			
Mailing address: Apt No – Street No		Street name	PO Box
City		Province/Territory	RR
			Postal code
State, zip code and country (if outside Canada)			

Authorization	
By signing this form, you authorize the CRA to mail your notice of assessment, and any refund resulting from that assessment that is not being deposited directly into your bank account, to the alternative address shown above.	
Important: If you are the legal representative you must send a complete copy of the legal document giving you the authority to act in this capacity to the taxpayer's tax centre.	
_____ Signature of taxpayer or legal representative	_____ Name and title of legal representative
_____ Date	_____ Telephone number
This form will not be processed unless it is attached to your return.	

See the privacy notice on your return.