

# T1 ADJUSTMENT REQUEST

- Use this form to request an adjustment (a reassessment) to an individual income tax return.
- See Help (F1) 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 in Help (F1).

		Date of action:											
<b>A Identification</b>		For filing <input type="checkbox"/> DO NOT USE THIS AREA											
Social insurance number	Adjustment request for the <u>2006</u> tax year (complete a separate form for each year)	PSN											
Full name (your surname first)													
Address:													
<input checked="" type="checkbox"/> same as on the return													
<input type="checkbox"/> or:													
		CORLOC #										<input type="checkbox"/> Ack. <input type="checkbox"/> St. Code	
		Assessor				Date				Rev. Date			

<b>B Authorization</b> – 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:	Letter of authorization (or Form T1013, <i>Authorizing or cancelling a representative</i> ) for the year under review ( <b>must</b> indicate level 2):
	<input type="checkbox"/> was submitted previously
	<input type="checkbox"/> is attached

<b>C Adjustment details</b>					
Using your copy of your tax return and your <i>Notice of Assessment</i> or <i>Reassessment</i> , 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.					
Line number from return or schedule	Name of line from return or schedule	Previous amount	+ -	Amount of change	Revised amount
	Ontario Provincial tax credit line 479	52 25	+	9 84	62 09
412	Investment tax credit	979 39	+	29 52	1,008 91
<b>Other details or explanations (attach an extra sheet if required)</b>					
Please give a detailed description of the adjustment request (press Ctrl+Enter to insert a line break)					
To adjust for amended T5013A from Canadian Small Cap Resource Fund 2006 No. 1 Limited Partnership. This is a sample only for a unit holder who is a resident of Ontario during 2006 and holds 1,000 units.					

<b>D Certification</b>			
I certify that the information given on this form and on any documents attached is, to the best of my knowledge, correct and complete.			
<u>2008-04-09</u>		Telephone	
Date	Client signature	(Home)	(Business)
This form will be signed by the representative <input type="checkbox"/>		Representative signature	(Preparer)