

# Information Slip/Address Change Request

<b>I D E N T I F I C A T I O N</b>	_____		_____		
	Last Name		First Name		
	_____		____/____/____		
	Social Insurance Number		Date of Birth: Year / Month / Day		
	Address: _____				
	Apt/Suite		House Number and Street Name or PO Box		
_____					
City		Province	Postal Code		
Telephone: Home: (____) ____ - _____ Other (____) ____ - _____					

<b>S L I P S</b>	Please mail the following information slips:		Indicate Year(s)
	<input type="checkbox"/>	▶ Copy of Notice of Assessment and/or Reassessment.._____	_____
	<input type="checkbox"/>	▶ Copy of Income Slips (T4, T4A, T5, etc.) .....	_____
	<input type="checkbox"/>	▶ Copy of CCTB and/or CCB Notice.....	_____
	<input type="checkbox"/>	▶ Other _____	_____

<b>A D D R E S S</b>	<input type="checkbox"/> Please change my address to the address listed in the Identification section above.		
	My <b>previous</b> address is listed below (required):		
	Old Address:		
	_____		
	Apt/Suite		House Number and Street Name or PO Box
	_____		
City	Province	Postal Code	
Old Telephone: Home: (____) ____ - _____ Other: (____) ____ - _____			

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Completed forms can be dropped off in the blue bin located outside your nearest Tax Services Office, or mailed to:  
 Winnipeg Tax Centre  
 66 Stapon Road  
 Winnipeg, MB R3C 3M2

Please allow 6 weeks from date of receipt to process your request.