

## **OBJECTION – INCOME TAX ACT**

- You can use this form to file an objection to a "Notice of Assessment" or a "Notice of Determination" issued under the "Income Tax Act".
- Deliver or mail your completed form to the Chief of Appeals at your tax services office or tax centre.
- Filing deadlines If you are an individual (other than a trust) or filing for a testamentary trust, the time limit for filing an objection is whichever of the following two dates is later: one year after the date of the return's filing deadline; or 90 days after the day we mailed the "Notice of Assessment" or "Notice of Determination". In every other case, you have to file an objection within 90 days of the day we mailed the "Notice of Assessment" or "Notice of Determination".
- Large corporations In addition to providing facts and reasons for objecting, large corporations have to describe each issue and specify the relief they want for each one.

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- Collection action We usually postpone collection action on amounts in dispute until 90 days after we mail the Minister's decision. In some situations we will not postpone collection action on disputed amounts, such as for taxes you had to withhold and remit. In all cases, interest will continue to accrue on any amount payable.
- For more information, contact the Appeals Division at your tax services office or tax centre.

## To: Chief of Appeals

Address (as shown on your r	otice)	
City	Province/Territory	Postal code

From:		
Name		
Address		
City	Province/Territory	Postal code
Home		
Area code Telephone number	er	
Business		
Area code Telephone number	er	

Name and address of any authorized representative (if applicable)

Name						
Address						
City		Province/T	erritory	Postal	code	
Area code	Telephone numbe	er 				

Please provide the following information or enclose a copy of your "Notice of Assessment" or "Notice of Determination".

Date of notice		
Year	Month	Day

Taxation year (for T2s show fiscal period end)

Number	of no	otice	(If p	rinte	d on	noti	ce)

Year	

Social	insura	ance	numk	oer o	r Bus	sines	s nu	mber	-			

Please state the relevant facts and reasons for your objection (if you need more room, attach a separate sheet).						
Your signature (or of an authorized person, if a corporation or trust is filing the objection)						
Year Month Day						

"Privacy Act" - Personal Information Bank Number RCT/P-PU-005