Canada Revenue Agency | Agence du revenu du Canada

REQUEST TO REDUCE OLD AGE SECURITY RECOVERY TAX AT SOURCE FOR YEAR _____

- Use this form to request a reduction in the amount of Old Age Security recovery tax withheld.
- All your income tax returns that are due have to be filed and amounts paid in full before you send us this form.
- Send this completed form to the Taxpayer Services Division of your tax services office. You can find the address on our Web site at **www.cra.gc.ca/tso** or by calling us at **1-800-959-8281**.
- We will write to you in four to eight weeks to let you know if we have approved your request.

Identification

First name	Last name	Social insurance number

Address

City	Province or territory	Postal code	Telephone
			– –

Estimated current-year income from all sources

Employment income		1	
Old Age Security pension	+	2	
Canada Pension Plan or Quebec Pension Plan benefits	+	3	
Other pensions and superannuation	+	4	
Dividends from taxable Canadian corporations	+	5	
Interest and other investment income	+	6	
Net rental income (if a loss, show the amount in brackets)	+	7	
Registered retirement savings plan income	+	8	
Other income (specify): _____	+	9	
Estimated total current-year income (add lines 1 to 9)	=	▶	$ 10

Deductions from current-year income

Carrying charges and interest expenses		11	
Other deductions (specify): _____	+	12	
Total deductions from current-year income (add lines 11 and 12)	=	▶	$ 13
Estimated current year net income (line 10 minus line 13)			$ 14

Non-refundable tax credits in the current year

Will you be claiming the disability amount?			☐ Yes ☐ No
Will you have eligible medical expenses?			☐ Yes ☐ No
If **yes**, specify the amount		$ 15	
Will you have eligible charitable donations or government gifts?			☐ Yes ☐ No
If **yes**, specify the amount		$ 16	

Refundable tax credits

Income tax deducted from all current-year sources		17	
Tax instalments paid to date for the current year	+	18	
Total refundable tax credits for current year (add lines 17 and 18)	=	▶	$ 19

Certification

I request Service Canada be authorized to reduce my Old Age Security recovery tax deductions at source based on the information given.

I certify that the information given is, to the best of my knowledge, correct and complete.

_____ Signature

_____ Date

Privacy Act, Personal Information Bank Number CRA PPU 005.

(Vous pouvez obtenir ce formulaire en français à **www.arc.gc.ca** ou au **1-800-959-3376**.)

Canada