



Ministry of Revenue
 33 King Street West
 PO Box 627
 Oshawa ON L1H 8H5

Change of Address

Complete all applicable sections, print clearly and mail to the ministry.

Effective date of change			Name		
year	month	day			
Ministry account(s) (as applicable)			Care of (if applicable)		Federal Business no.
RST Vendor Permit no.					
Employer Health Tax no.			New address		
MFTT Reference no.			Unit no.	Street no.	Street name
IFTA Registration no.			Town/City		Province/State Country Postal / Zip Code
ON			Telephone no. (include area code)		Extension Fax no.
Provincial Land Tax no.			New mailing address <input checked="" type="checkbox"/> if same as above or ▼		
Corporations Tax no.			Unit no.	Street no.	Street name Other postal information – RR no. / PO Box / etc.
Other (specify)			Town/City		Province/State Country Postal / Zip Code
			Authorized person		
			Name (please print)		Title (if applicable) Signature