



Request for Destruction of Records

- For use by an individual, his or her authorized representative, or the authorized representative of a corporation, trust, or partnership.
- Generally, you have to keep your records (including your electronic records) for a period of six years from the end of the last tax year to which they relate. For more information on this, as well as for the sections of the *Income Tax Act*, *Income Tax Regulations*, *Employment Insurance Act*, and *Canada Pension Plan* that apply, see Information Circular IC78-10, *Books and Records Retention/Destruction*.
- This request only applies to records that you have to keep under legislation administered by the Canada Revenue Agency (CRA). We do not have authority to approve the destruction of records that you have to keep under other federal, provincial/territorial, or municipal laws.
- Send your request for permission to destroy records to your tax services office. The address can be found at www.cra.gc.ca/tso and is listed in the Government section of your telephone book.

Name of individual, corporation, trust, or partnership.	Social insurance number, business number, trust account number, or partnership business number
Address of individual, corporation, trust, or partnership.	

Reason for request _____

Records or documents to be destroyed _____

Other information _____

1. Fiscal periods for which destruction of records is being requested from:

Year	Month	Day

 to:

Year	Month	Day

2. Have all the tax returns or other relevant information returns related to the fiscal periods been filed? Yes No

3. a) Has the appeal period provided by legislation for each of the fiscal periods elapsed? Yes No

b) Is there a notice of appeal or objection outstanding for any of the fiscal periods? Yes No

4. Types of documents

Non-microfilmed or non-imaged records

Microfilmed or imaged records (for example, roll film, microfiche, microtypes, micro card, aperture cards, acetate jackets, digital formats)

Electronic records (non-imaged)

5. Other relevant information:

Certification _____

I certify that the information given in this request is true, correct, and complete.

Print first and last name of individual or authorized representative	Signature of individual or authorized representative	Date	Year	Month	Day
_____	_____				
Position or office	Telephone number				