

## Courtesy Translation

This form has been translated for information purposes only.  
Do not complete it. You must file the French version.

### Request for an Adjustment to a Corporation Income Tax Return or to an Information and Income Tax Return for Non-Profit Corporations

Form CO-17.R must be completed by any corporation that wants to amend a previously filed income tax return.<sup>1</sup> A corporation (other than an insurance corporation) can also use commercial software to file an amended income tax return online. For more information, consult the documentation for the commercial software you use.

Form CO-17.R must also be completed by any non-profit corporation that wants to amend a previously filed information and income tax return.<sup>2</sup>

#### Important

- Complete a **separate copy** of form CO-17.R for each taxation year for which you are requesting an adjustment.
- Send the form, the amended return (form CO-17 or CO-17.SP) and any supporting documents (financial statements, forms, schedules, etc.) to one of the following addresses:
  - 3800, rue de Marly, Québec (Québec) G1X 4A5
  - C. P. 3000, succursale Place-Desjardins, Montréal (Québec) H5B 1A4

#### 1 Information about the corporation or non-profit corporation

Québec enterprise number (NEQ) Identification number File

Name of corporation or non-profit corporation End date of the fiscal period covered by the request  
  Y Y Y Y M M D D

Address Postal code

Name of representative Form MR-69 (or authorization letter)  
 enclosed  previously filed

Address Postal code Area code Telephone

#### 2 Information about the return covered by the request

(if there is not enough space, enclose another copy of form CO-17.R)






Check the box that applies:

- Form CO-17, *Déclaration de revenus des sociétés*  
 Form CO-17.SP, *Déclaration de revenus et de renseignements des sociétés sans but lucratif*

Line number	Code (if applicable)	Name of the line	Amount reported	Revised amount	Corrected amount (Do not use this column.)
Reasons for the adjustment					

### 3 Certification

I certify that the information provided on form CO-17.R is accurate and complete and that it corresponds to the information entered in the registers and books of account of the corporation or non-profit corporation.

				
Name of authorized representative (please print)	Signature of authorized representative	Date	Area code	Telephone

**DO NOT COMPLETE  
THIS FORM**

#### Notes

1. If the Minister grants the adjustment request and issues a reassessment that takes into account elements in respect of which you filed a notice of objection further to an assessment, the reassessment cancels and replaces the previous assessment and the notice of objection becomes moot.
2. See note 1.