



BANKRUPTCY IDENTIFICATION FORM

- To be completed by a Trustee on behalf of an individual who is in bankruptcy or proposal status.
- Complete this form upon receipt of your taxpayer's estate number from the Office of the Superintendent of Bankruptcy (OSB).
- Failure to complete all fields in each section will result in the form being returned to sender, which will result in a delayed processing time.

Section A – Version of DC905 (Original or Amended)

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|--------------------------------------|----|-------------------------------------|--------------|---|
| Original <input type="checkbox"/> | OR | Amended <input type="checkbox"/> | Date Amended | Note: Only box 16. "Send GSTC/HSTC cheques c/o Trustee?" on this form can be amended. For all other amendments please forward the information to the OSB. |
|--------------------------------------|----|-------------------------------------|--------------|---|

Section B - Debtor / taxpayer personal information

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|---|---------------|----------------------------|------------------------|
| 1. Surname | 2. Given name | 3. Social Insurance Number | 4. Telephone (daytime) |
| 5. Taxpayer address (number, street, Apt. No., P.O. Box, or R.R. No.) (Do NOT enter Trustee's address) | | | |
| 6. City | | 7. Province /Territory | 8. Postal code |

Note: Enter the **taxpayer's address** above. All refunds intended for the Trustee will be sent to the address the Trustee provided to OSB Trustee Licensing Services. This information is necessary to update the taxpayer's record. We do not use it to determine where we send income tax refunds or notices.

Section C - Bankruptcy or proposal information

*Date of assignment/proposal - Indicate the date of proceeding/assignment and whether it is a bankruptcy or proposal.

Estate number - Indicate the estate number provided by the OSB. Forms without this number will **not be processed and will be returned to sender.

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|---------------------------------|--|----|--------------------------------------|---------------------|-----------------|
| 9. Date of assignment/proposal* | 10. Bankruptcy <input type="checkbox"/> | OR | Proposal <input type="checkbox"/> | 11. Estate number** | 12. Firm number |
|---------------------------------|--|----|--------------------------------------|---------------------|-----------------|

Section D - Trustee information

Do not enter the Trustee's address on this form. We obtain the Trustee's address information from OSB Trustee Licensing Services, Industry Canada.

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| 13. Name | 14. Telephone number (daytime) | 15. Trustee Individual number |
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Section E – GSTC/HSTC cheque designation

All goods and services/harmonized sales tax credit (GSTC/HSTC) cheques will be sent c/o the Trustee until the CRA obtains a date of discharge for the taxpayer from the OSB or if instructed by the Trustee to do otherwise.

- If you do **NOT** want to receive these amounts, check (✓) the "**NO**" box
- If, at a later date, you would like to resume receiving these amounts, send us a revised version of this form with a check (✓) in the "**YES**" box.
- If this is an amended copy please check (✓) the "**Amended**" box in Section A (above) and provide the date of amendment.

16. Send GSTC/HSTC cheques c/o Trustee?

| | | |
|---------------------------------|----|--------------------------------|
| YES <input type="checkbox"/> | OR | NO <input type="checkbox"/> |
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Important Note: If an *Authorization & Direction Letter* is required, please send it to your CRA tax centre with the **post-bankruptcy Return**. **DO NOT** submit *Authorization & Direction Letters* with the DC905.

Submit the **completed** DC905 by Mail or by Fax to:

| | |
|---|---|
| MAIL | FAX |
| CRA Insolvency Team 2215 Gladwin Crescent Ottawa ON K1A 1A2 | 613-941-0710 No cover sheet required. This fax line is only accessed by the Insolvency team. |

IMPORTANT NOTE: This location only processes DC905's. **DO NOT** include other forms or tax returns.
ALL OTHER FORMS WILL BE RETURNED TO SENDER OR DESTROYED