

The fields marked with an asterisk (*) must be filled out.

1. IDENTIFICATION	
CCQ client no.*	Telephone no.
Last name*	First name*

2. INFORMATION ON THE CHANGES TO BE MADE ¹
Canada Revenue Agency
<input type="checkbox"/> I want the total tax deducted monthly to be \$ _____.
<input type="checkbox"/> I want the CCQ to deduct \$ _____ in supplementary tax withholdings on each monthly payment.
<input type="checkbox"/> I want the CCQ to increase by \$ _____ the amount it deducts in supplementary tax withholdings on each monthly payment.
<input type="checkbox"/> I want the CCQ to reduce by \$ _____ the amount it deducts in supplementary tax withholdings on each monthly payment.
<input type="checkbox"/> I no longer want supplementary tax withholdings to be deducted and I want to return to the base taxation rate provided by law.
Revenu Québec
<input type="checkbox"/> I want the total tax deducted monthly to be \$ _____.
<input type="checkbox"/> I want the CCQ to deduct \$ _____ in supplementary tax withholdings on each monthly payment.
<input type="checkbox"/> I want the CCQ to increase by \$ _____ the amount it deducts in supplementary tax withholdings on each monthly payment.
<input type="checkbox"/> I want the CCQ to reduce by \$ _____ the amount it deducts in supplementary tax withholdings on each monthly payment.
<input type="checkbox"/> I no longer want supplementary tax withholdings to be deducted and I want to return to the base taxation rate provided by law.

3. SIGNATURE	
Requester's signature*	Date (YYYY-MM-DD)

¹ Please note that the CCQ is at all times obliged to deduct the minimum tax provided by law.

Please return this form, duly filled out and signed, using the "Contactez-nous" form available in the online services, or by mail to the following address:

Commission de la construction du Québec
C. P. 2000, succursale Chabanel
Montréal (Québec) H2N 0B7