

FUEL TAX

2350 Albert Street Regina, SK S4P 4A6

Account Number:	EFILE Code:
Return Period	Due Date

Signature _____ Telephone Number _____

I certify that the information contained herein is to the best of my knowledge accurate.

- ▶ **Has your Business Closed, or Address Changed?**
 - Please complete the Change Notification below and return it with your payment and this tax return.
- ▶ **Penalty and interest are applied to returns filed after the due date.**
- ▶ **If no tax is due, a "Nil" return must be filed.**

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Return

- Net Tax Payable**
(Box C from worksheet)
- Account Balance**
(Box D from worksheet)
- Remittance Enclosed**
(Box F from worksheet)

Please Print Clearly in Boxes Below.

- Payment may be made at most Banks/Credit Unions
- Make payment payable to the Minister of Finance
- DO NOT staple anything to this return.

SASKATCHEWAN FUEL TAX RETURN WORKSHEET

△ Detach at the perforation and return the stub above with your payment△

Return Period	Due Date	Last Payment Received	Return	Last Return Processed
STEP 1	Total Tax Payable ▶ Enter the total fuel tax payable for the return period.			A Total Tax Payable
	Interim Tax Paid ▶ Enter the fuel tax paid for the first fifteen days of this return period.			B Interim Tax Paid
	Net Tax Payable (Box A minus B)			C Net Tax Payable (A - B)
STEP 2	Account Balance (As of the date this form was printed.) Add if positive, subtract if negative.			D Account Balance
	Net Amount Payable (Box C plus or minus box D)			E Net Amount Payable (C + or - D)
STEP 3	Remittance Enclosed ▶ If no tax is payable for this period, a "Nil" return must be filed by entering zero in box F.			F Remittance Enclosed

**** Please transfer your worksheet figures from Boxes C & F to the coloured boxes on the return above. Thank you.

△ Detach at the perforation and return the stub below with your new information. △

CHANGE NOTIFICATION

Business Closed: (Check the box & provide details below)

Date of Closure: (MM DD YYYY)

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Reason for Closure:

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If business was sold, please provide details below.

Purchaser Name:

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Purchaser Phone Number

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Address / Name Change: (Check the appropriate box & provide details below)

Mailing **Business Name** **Location**

Business Name (If Applicable):

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Apt. Number: Street or Post Office Box

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City: Province Postal Code:

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Phone Number:

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