

**Revenue Division** 

2350 Albert Street Regina SK S4P 4A6

# Saskatchewan Electronic Tax Service

Toll-Free: 1-800-667-6102 Regina: (306) 787-6645 Fax: (306) 798-5040 E-mail: sask.tax.info@finance.gov.sk.ca

askatchewan

E-2

### APPLICATION TO E-FILE ON BEHALF OF ANOTHER BUSINESS

This application must be completed if you are a service provider. (e.g., accounting firm) and wish to become authorized to e-file and pay provincial tax returns, on behalf of your client(s), through the internet. This service is available for the following programs:

Provincial Sales Tax (PST) Liquor Consumption Tax Tobacco Tax Fuel Tax Beverage Container Program Corporation Capital Tax (Installment payments only) Insurance Premium Tax

Your customers may also authorize you to view their recent tax transactions using this service.

#### IMPORTANT

When your application is processed, you will receive a 3rd Party ID Number(s).

Your client(s) must authorize you to e-file on their behalf. To do this, they must complete an E-1 application form and must quote your 3rd Party ID Number.

If you wish to e-file returns to your own business, you must also complete an E-1 application form.

## PLEASE COMPLETE THE FOLLOWING:

1) Please indicate if this application is:

Your first application to e-file tax returns with Saskatchewan Finance on behalf of your clients.

To change information provided in a previous e-file application.

To request additional 3rd Party ID number:

2) Name, mailing address and tax account number:

	Business Name		Tax Account Nu	Tax Account Number			
	Mailing Address						
		Street Address					
		City	Province	Postal Code			
3)	Name and telephone number of the person completing this application:						
				)			
	Individuals Nam	e (please print)	Daytime	Daytime Telephone Number			
4)	Provide an auth	enticity question and the answer:	(You will be asked to answer the question if you ne	ed help accessing your e-file account.)			
	Question:						
	(m	aximum of 30 characters)					
	Answer:						

(maximum of 30 characters)

5) a) If this is your first application indicate the number of 3rd party ID's required:

b) If you are requesting additional 3rd party ID's indicate the number of additional ID's required:

# **APPLICANT DECLARATION:**

I hereby make application to use the Saskatchewan Electronic Tax Service. I warrant and guarantee that I will use the service solely for the purposes of complying with Saskatchewan tax legislation and only when duly authorized to do so by the tax account holder. I will keep all information obtained throught this service strictly confidential and will not release or make such information available to any person not authorized to receive it. I will ensure that only persons under my control or supervision have access to data provided through this service. I certify that the information in this application is correct to the best of my knowledge and belief. I understand that it is an offence to submit an application that is false in any material way or to use or disclose tax information obtained from the Saskatchewan Electronic Tax Service for any unauthorized purpose.

Print name of owner or authorized official

Position	H	le	ld
----------	---	----	----

Signature

Date