

Business Consent Form

Ministry of Finance
Revenue Division
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This form is used to provide consent to release confidential information about your Saskatchewan tax accounts to the representative named below or to cancel consent for an existing representative.

- Complete Parts 1, 2 and 5 to name a representative.
- Complete Parts 3, 4 and 5 to cancel consent for an existing representative.
- Complete all parts of this form if you want to both name a new representative and cancel consent for an existing representative.

Part 1 – Consent to release of information to a representative

Business name _____

I consent to the release of confidential information about my Saskatchewan tax accounts to the representative named below.

Representative's name (If a firm, enter the name of the firm. If an individual, enter the first and last name of the individual).

If you named a firm as your representative, and you want to specify a particular individual of that firm, enter that individual's first and last name.

() _____
Representative's Telephone Number

() _____
Representative's Fax Number

Part 2 – Details of Consent

A. Which accounts?

I request that this consent apply only to the following accounts. Check the appropriate box or boxes and print the account numbers the spaces provided.

01A <input type="checkbox"/> Liquor Consumption Tax	_____	30A <input type="checkbox"/> Beverage Container Program	_____
05A <input type="checkbox"/> Provincial Sales Tax	_____	50A <input type="checkbox"/> Corporation Capital Tax	_____
10A <input type="checkbox"/> Fuel Tax	_____	<input type="checkbox"/> IFTA	S K _____
15A <input type="checkbox"/> Tobacco Tax	_____	<input type="checkbox"/> Other	_____

B. Which years?

I request that this consent apply to all years. OR

I request that this consent apply only to the following period:

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Year Month Day to Year Month Day

Part 3 – Cancellation of consent to release of information to a representative

Business name: _____

I cancel all previous consents for all representatives. OR
 I cancel my consent to the release of confidential information about my Saskatchewan tax accounts to the representative named

 Representative's name (If a firm, enter the name of the firm. If an individual, enter the first and last name of the individual.)

If you named a firm as your representative, and you want to cancel the consent for a particular individual of that firm, enter that individual's first and last name.

()
 Representative's Telephone Number

()
 Representative's Fax Number

Part 4 – Details of cancellation of consent

A. Which accounts?

I request that this cancellation of consent apply only to the following accounts. Check the appropriate box or boxes and print the account numbers in the spaces provided.

- 01A Liquor Consumption Tax [] [] [] [] [] [] [] [] 30A Beverage Container Program [] [] [] [] [] [] [] [] []
 05A Provincial Sales Tax [] [] [] [] [] [] [] [] 50A Corporation Capital Tax [] [] [] [] [] [] [] [] []
 10A Fuel Tax [] [] [] [] [] [] [] [] IFTA S | K | [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 15A Tobacco Tax [] [] [] [] [] [] [] [] Other _____

B. Which years?

I request that this cancellation of consent apply to all years. OR

I request that this cancellation of consent apply only to the following period:

[] [] [] [] [] [] [] [] to [] [] [] [] [] [] [] []
 Year Month Day Year Month Day

Part 5 – Signature

Print your name _____ Title _____

This form must be signed by an owner, partner, director, trustee, or officer.

Telephone Number () _____

Sign here _____ Date [] [] [] [] [] [] [] []
 Year Month Day

WE WILL NOT PROCESS THIS FORM IF IT IS NOT SIGNED

Completed Forms

Mail, email or fax completed and signed form to:
 Ministry of Finance
 Revenue Division
 PO Box 200
 Regina, SK S4P 2Z6
 Fax (306) 787-9644
 SaskTaxInfo@gov.sk.ca