

## BUSINESS CONSENT FORM

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

**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 this completed form to:

Saskatchewan Finance  
Revenue Division  
2350 Albert Street  
REGINA SK S4P 4A6