

CORPORATION CAPITAL TAX

2350 Albert Street Regina, SK S4P 4A6

Account Number:	EFILE Code:
Next Payment Due Date	Fiscal Year End

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.**

9993 0509 554

Remittance Advice

Installment Payment
(Box A from worksheet)

Current Installment Month
(Box B from worksheet)

Previous Year Payment
(Box C from worksheet)

Previous Fiscal Year
(Box D from worksheet)

Remittance Enclosed
(Box E from worksheet)

Please Print Clearly in Boxes Below.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DAY MONTH YEAR DAY MONTH YEAR DAY MONTH YEAR

- File online at www.gov.sk.ca/finance/taxes/efile
- Pay by online banking or cheques to Minister of Finance
- DO NOT staple anything to this return.

SASKATCHEWAN CORPORATION CAPITAL TAX REMITTANCE WORKSHEET △ Detach at the perforation and return the stub above with your payment. △

Account Name:	Account Number:	Remittance Advice	Next Payment Due Date	Last Payment Amount
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STEP 1	Installment Payment ▶ Enter the amount of the installment for the current fiscal period. Corporations are required to remit the tax payable for the year in equal monthly installments.	A <input type="text"/>
		B <input type="text"/>
STEP 2	Previous Fiscal Year ▶ Enter the amount of the previous year's payment in Box C. ▶ Enter the year and month that this payment applies to in Box D.	C <input type="text"/>
		D <input type="text"/>
STEP 3	Remittance Enclosed ▶ If no tax is payable for this period, a "Nil" return must be filed by entering zero in box B.	E <input type="text"/>

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

Balance Detail	Status	Description	Debit / Credit	Amount
Fiscal Year End				

Payment / Balance Information

- ▶ If a return has been filed for a fiscal year, then the amount shown reflects the balance for that year
- ▶ If a return has not been filed for a fiscal year, then the amount shown is an accumulation of the payments for that year

Interest Information

- ▶ Interest will be applied to monthly and other installment payments if they are not made in accordance with the provisions of the Act.

△ 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)

Reason for Closure:

If business was sold, please provide details below.

Purchaser Name:

Purchaser Phone Number

Address / Name Change:

Mailing **Business Name**

Business Name (If Applicable):

Apt. Number: Street or Post Office Box

City: Postal Code:

Phone Number: