Government of Saskatchewan
Ministry of Finance

Revenue Division
PO Box 200
Regina, Canada S4P 2Z6
Toll Free 1-800-667-6102
Regina (306) 787-6645
Fax (306) 798-5040

SASKATCHEWAN ELECTRONIC TAX SERVICE (SETS)

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 (Instalment payments only)
- Insurance Premium Tax
- Education Property Tax

Your customers may also authorize you to view their recent tax transaction 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 Application to E-file Returns and View Tax Information Online and must quote your 3rd Party ID Number
- If you wish to e-file returns for your own business, you must also complete an Application to E-file Returns and View Tax Information Online.

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 an additional 3rd Party ID number:

2. Name, mailing address and tax account number:

   Business Name _____ Tax Account Number _____

   Mailing Address _____
   Street Address

   _____
   City Prov Postal Code

3. Name and telephone number of the person completing this application:

   _____ ( )_____
   Individuals Name (please print) Daytime Telephone Number

4. Provide an authenticity questions and the answer: (You will be asked to answer the questions if you need help accessing your e-file account.)

   Question: _____
   (maximum of 30 characters)

   Answer: _____
   (maximum of 30 characters)

5. Provide an e-mail address to be used to complete the verification process: _____

6. 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: _____

APPLICATION 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 through 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 Held
Signature	Date