



Date

Revenue Division

2350 Albert Street Regina SK S4P 4A6

306-787-6645 Phone 306-787-9644 Fax 1-800-667-6102 Toll Free

Fax Number

BUSINESS ASSETS DECLARATIONCalculation of Provincial Sales Tax

1.	SELLER: Name					
	Address					
	Provincial Sales Tax Vendor or Registration Number					
2.	PURCHASER: Name					
	Address	Posta	al Code			
	Provincial Sales Tax Vendor or Registration Number					
3.	EFFECTIVE DATE OF SALE:					
4.	SELLING PRICE: (In accordance with Agreement for Sa	ale)		TAX DUE		
	Land	\$	Not	Applicable		
	Buildings			Applicable		
	Furniture					
	Machinery and Equipment		<u></u>			
	Automobiles and Trucks (please record vehicle serial numbers on reverse page)					
	Goodwill		Not	Applicable		
	Inventory (Goods for Sale)		Not	Applicable		
	Other (Specify)			, ipplicable		
	TOTALS	 \$				
	NOTE: - Please forward this completed form along with - Make cheque payable to Minister of Finance - Attach receipts for Provincial Sales Tax paid o amounts from the total tax owing Please attach a copy of the Agreement for Sal	n vehicles to	the above address.	and deduct these		
5.	I hereby certify that the information in this declaration is correct		to the best of my knowled	ge and belief.		
Ns	me of Authorized Official		Rusiness Phone N	umher		
Sie	anature	Resident Phone N	Resident Phone Number			

YEAR MAKE				<u>VEHICLES BEING TAXED (VIN)</u>				*SELLING PRICE						
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