



FINANCE

Tax and Revenue Administration

NHL PLAYERS TAX RETURN

Alberta Personal Income Tax Act

<p>This form will be used by the National Hockey League Players whose team(s) do not withhold tax for them during the calendar year. All dollar amounts MUST be reported in United States currency.</p> <p>One completed return and the amount of taxes owing are to be received by Tax and Revenue Administration by April 30th following the calendar year being reported.</p> <p>If you require assistance in completing this return, phone (780)427-3044. If calling long distance within Alberta, call 310-0000 then enter (780)427-3044. Fax: (780)427-0348.</p>	<p>For office use only</p> <div style="border: 1px solid black; width: 20px; height: 20px; float: right; margin-top: -10px;">26</div> <p>1</p> <p>5</p>
--	--

<p style="text-align: center;">NHL Player Identification</p> <p>10 Legal Name: _____</p> <p>20 Mailing Address: _____</p> <p>22 _____</p> <p>24 City/Town: _____</p>	<p>35 NHL Player Business Identification Number (Player BIN): _____</p> <p>40 Calendar Year Ending: Y Y Y Y M M D D _____</p> <p>50 Social (as applicable) Insurance Number: _____</p> <p>52 Social (as applicable) Security Number: _____</p> <p>54 Date of Birth: Y Y Y Y M M D D _____</p>
<p style="text-align: center;">26 Prov/State Code 28 Country Code 30 Postal/Zip Code</p> <p>_____</p>	

SUMMARY OF AMOUNT PAYABLE

On page 2 of this form, instructions and space are made available to calculate the amount of tax payable. The totals, calculated on page 2 of this form, should be inserted in the summary below.

	US FUNDS ONLY
100 Total Tax Payable (Enter the amount from line 95 on page 2) _____	\$ _____
105 Amount Enclosed _____	\$ _____
110 Method of Payment (please check) _____	<input type="checkbox"/> 1. Wire Transfer <input type="checkbox"/> 2. Cheque

CERTIFICATION

I certify that, to the best of my knowledge and belief, information contained in this form is true and correct.

Name (please print): _____

Signature: _____ Date: _____

150 Prepared By (please print): (only if other than above) _____	155 Contact Phone # _____ Area Code: _____
--	--

The personal information that you provide on this form will be used for the administration of the National Hockey League Players Tax. It is collected under the authority of Part 1.1 of the Alberta Personal Income Tax Act and section 33(a) and (c) of the Freedom of Information and Protection of Privacy Act (RSA 2000). It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information you can contact an Enquiries Officer with the Information Services Unit of Tax and Revenue Administration at the telephone numbers and address listed at the top of this form.

