



Signature

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## **Application to E-file Returns and View Tax Information Online**

E-1

This application must be completed if you wish to file and pay provincial tax returns through the Internet or to authorize a 3rd party (e.g. accounting firm) to e-file tax returns on your behalf. When registered, you will have access to your tax transactions through the Internet.

Once your application is processed, you will be issued a unique User ID and Password to access this service. For security purposes, these will be mailed separately, two to three days apart, to the address and attention of the person named in question 6 below. Once registered, it is not mandatory that you file you tax returns through the Internet. You may simply wish to use the system to view your recent tax transactions and account balance information.

A separate application form must be submitted if you wish to e-file for more than 2 tax accounts.

1.	Please list the tax account(s) you wish to e-file for:						
	Account #:	Busine	ess Name:				
	Account #:	Busine	ess Name:				
2.	Have you previously registered a tax account for S	ETS?	Yes	N	lo		
	If no, and you are registering one tax account, you will receive a User ID and Password to access the system (go to #3 below).						
	If you are registering two tax accounts, please indicate your system access preference:						
	I want to use a separate User ID and Password for each tax account above.  I want to use one User ID and Password for each tax account above.  If yes, please indicate your system access preference:  I want to use a separate User ID and Password for each tax account above.  I want to use my existing SETS User ID and Password to access the tax account(s) above.  The tax account number associated with my existing SETS User ID and Password is:						
2	If you wish to authorize a 3rd party to access your tax account to e-file returns on your behalf, provide the following:						
ა.	3rd Party ID Number: 3rd Party Business Name: (you must contact them to obtain this number)						
4.	If you wish to use this service to make payments, <b>attach a VOID cheque</b> for the appropriate bank account and indicate who is authorized to make payments from this account: Your Business Only 3rd Party Only Both						
	OFFICE USE ONLY						
5.	If you wish to be notified by e-mail that your tax retu	urn sho	uld be filed, plea	se pr	ovide your e-mail address	(this service replaces the	
	paper forms normally received by mail for each return period):						
6.	Provide an authenticity question and the answer: (	You will b	be asked to answe	r this c	question if you need help acces	ssing your e-file account.)	
	Question: Answer: (Maximum 30 characters) (Maximum 30 characters)						
_	,	<i>c</i>	15 15		viaximum 50 characters)		
7.	Contact person responsible for maintaining your e-file User ID and Password:						
	Name of Person:				_ Business Phone Number	r <u>(</u> )	
	Mailiing Address:						
	Street Address						
	City		Provin	ce		Postal Code	
Α	PPLICANT DECLARATION To be con	mpleted	d by the individua	al auth	norized to enter into this ag	reement.	
Ιh	ereby make application to access and use the Sask	atchew	an Electronic Ta	x Ser	vice. If using this service to	o make payments, I authorize	
	Saskatchewan Finance to prepare debits, by paper or electronic means, for amounts due to Saskatchewan Finance that are authorized by me and only on the bank account for which a void cheque has been provided for this purpose. I warrant and guarantee that I am a						
	recognized signing officer empowered to enter into this agreement.						
Pri	nt name of owner or authorized official			_	Position Held		

Date