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## **Application To E-file On Behalf Of Another Business**

E-2

## **IMPORTANT**

- When your application is processed, you will receive a 3<sup>rd</sup> Party ID Number(s) and password(s).
- Your client(s) must authorize you to e-file on their behalf. To do this, they must complete an E-1 or E-3 application form and must quote your 3<sup>rd</sup> Party ID Number.
- If you wish to e-file tax returns for your own business, you must also complete an E-1 application form.

## PLEASE COMPLETE THE FOLLOWING:

Name, mailing address and tax account number:

	Business Name	Tax Account N	Tax Account Number	
	Mailing AddressStreet Address			
	City	Province	Postal Code	
2.	Name and telephone number of the person completing this application:			
		_( )		
	Individual's Name (please print)	Daytime Telep	phone Number	
3.	Provide an authenticity question and the answer: (You will be asked to answer this question if you need help accessing your e-file account.)			
	Question:			
	(maximum of 30 characters)			
	Answer: (maximum of 30 characters)			
4.	a) If this is your first application indicate the number of 3 <sup>rd</sup> party ID's required:			
	b) If you are requesting additional 3 <sup>rd</sup> party ID's indicate the number of additional ID's required:			
ΑP	PLICANT DECLARATION:			
the kee per thro it is	ereby make application to use the Saskatchewan E purposes of complying with Saskatchewan's tax I ep all information obtained through this service str son not authorized to receive it. I will ensure that bugh this service. I certify that the information in the an offence to submit an application that is false in skatchewan Electronic Tax Service for any unauthor	egislation and only when duly authorized to do ictly confidential and will not release or make only persons under my control or supervision his application is correct to the best of my known an any material way or to use or disclose tax in	o so by the tax account holder. I will such information available to any have access to data provided wledge and belief. I understand that	
Print name of owner or authorized official		Position Held	Position Held	
Sian	ature	Date		