

# Business Consent Form

**Ministry of Finance**  
Revenue Division  
PO Box 200  
Regina, SK S4P 2Z6  
Toll Free 1-800-667-6102  
Phone (306) 787-6645 | Fax (306) 787-9644  
SaskTaxInfo@gov.sk.ca

This form is used to provide consent to release confidential information about your Saskatchewan tax accounts to the representative named below or to cancel consent for an existing representative.

- Complete Parts 1, 2 and 5 to name a representative.
- Complete Parts 3, 4 and 5 to cancel consent for an existing representative.
- Complete all parts of this form if you want to both name a new representative and cancel consent for an existing representative.

**Part 1 – Consent to release of information to a representative**

Business name \_\_\_\_\_

I consent to the release of confidential information about my Saskatchewan tax accounts to the representative named below.

\_\_\_\_\_  
Representative's name (If a firm, enter the name of the firm. If an individual, enter the first and last name of the individual).

\_\_\_\_\_  
If you named a firm as your representative, and you want to specify a particular individual of that firm, enter that individual's first and last name.

(      ) \_\_\_\_\_  
Representative's Telephone Number

(      ) \_\_\_\_\_  
Representative's Fax Number

**Part 2 – Details of Consent**

**A. Which accounts?**

I request that this consent apply only to the following accounts. Check the appropriate box or boxes and print the account numbers the spaces provided.

01A <input type="checkbox"/> Liquor Consumption Tax	_____	30A <input type="checkbox"/> Beverage Container Program	_____
05A <input type="checkbox"/> Provincial Sales Tax	_____	50A <input type="checkbox"/> Corporation Capital Tax	_____
10A <input type="checkbox"/> Fuel Tax	_____	<input type="checkbox"/> IFTA	S K _____
15A <input type="checkbox"/> Tobacco Tax	_____	<input type="checkbox"/> Other	_____

**B. Which years?**

I request that this consent apply to all years.  OR

I request that this consent apply only to the following period:

\_\_\_\_\_ to \_\_\_\_\_

Year      Month      Day                      Year      Month      Day

**Part 3 – Cancellation of consent to release of information to a representative**

Business name: \_\_\_\_\_

I cancel all previous consents for all representatives.  OR

I cancel my consent to the release of confidential information about my Saskatchewan tax accounts to the representative named

\_\_\_\_\_  
Representative's name (If a firm, enter the name of the firm. If an individual, enter the first and last name of the individual.)

\_\_\_\_\_  
If you named a firm as your representative, and you want to cancel the consent for a particular individual of that firm, enter that individual's first and last name.

(      )  
\_\_\_\_\_  
Representative's Telephone Number

(      )  
\_\_\_\_\_  
Representative's Fax Number

**Part 4 – Details of cancellation of consent**

**A. Which accounts?**

I request that this cancellation of consent apply only to the following accounts. Check the appropriate box or boxes and print the account numbers in the spaces provided.

01A <input type="checkbox"/> Liquor Consumption Tax	_ _ _ _ _ _ _ _ _	30A <input type="checkbox"/> Beverage Container Program	_ _ _ _ _ _ _ _ _
05A <input type="checkbox"/> Provincial Sales Tax	_ _ _ _ _ _ _ _ _	50A <input type="checkbox"/> Corporation Capital Tax	_ _ _ _ _ _ _ _ _
10A <input type="checkbox"/> Fuel Tax	_ _ _ _ _ _ _ _ _	<input type="checkbox"/> IFTA	S   K    _ _ _ _ _ _ _ _ _ _
15A <input type="checkbox"/> Tobacco Tax	_ _ _ _ _ _ _ _ _	<input type="checkbox"/> Other	_____

**B. Which years?**

I request that this cancellation of consent apply to all years.  OR

I request that this cancellation of consent apply only to the following period:

_ _ _ _ _	_ _	_ _	to	_ _ _ _ _	_ _	_ _
Year	Month	Day		Year	Month	Day

**Part 5 –Signature**

Print your name \_\_\_\_\_ Title \_\_\_\_\_

This form must be signed by an owner, partner, director, trustee, or officer.

Telephone Number (      ) \_\_\_\_\_

Sign here \_\_\_\_\_ Date |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Year Month Day

**WE WILL NOT PROCESS THIS FORM IF IT IS NOT SIGNED**

**Completed Forms**

Mail, email or fax completed and signed form to:

Ministry of Finance  
Revenue Division  
PO Box 200  
Regina, SK S4P 2Z6  
Fax (306) 787-9644  
SaskTaxInfo@gov.sk.ca