



Revenue Division  
PO Box 200  
Regina, Canada S4P 2Z6  
Toll Free 1-800-667-6102  
Regina (306) 787-6645  
Fax (306) 798-3045

# OUTREACH REVIEW

## Supplemental Provincial Sales Tax Return

Compliance Officer \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Provincial Sales Tax Vendor or Consumer Number: \_\_\_\_\_

Date of Outreach Review: \_\_\_\_\_

**Summary of Tax Payable** (per taxpayer's review)

	<u>Amount</u>	<u>Tax Due</u>
<b><u>Tax Levy Errors:</u></b>		
Tax Collected and Not Reported	\$ _____	_____
Tax Not Collected	\$ _____	_____
Tax Collected in Error	\$ _____	_____
Other (Specify) _____	\$ _____	_____

**Consumer Purchases:**

Tax Payable on Machinery, Equipment, Tools	\$ _____	_____
Tax Payable on Business Supplies	\$ _____	_____
Tax Payable on Services (e.g. janitorial, accounting)	\$ _____	_____
Tax Payable on Vehicles	\$ _____	_____
Other (Specify) _____	\$ _____	_____

**TOTALS \$** \_\_\_\_\_

- NOTE:**
- Effective March 23, 2017 the Provincial Sales Tax Rate is 6% (5% rate prior to March 23, 2017)
  - Please forward this completed form along with payment, within 60 days, to the above address.
  - Cheques are payable to the Minister of Finance.
  - This review may be subject to future audit; therefore, please retain documentation and receipts.
  - You can apply to the Revenue Division for a credit or refund of tax paid in error.

*I hereby certify that the information in this declaration is correct and complete to the best of my knowledge and belief.*

\_\_\_\_\_  
Name of Authorized Official

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Resident Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Fax Number