

**Health and Post-Secondary Education Tax**  
**DEDUCTION ALLOCATION AGREEMENT AMENDMENT**

If an employer is associated with another corporation or is in partnership with another business, which is also an employer under the provisions of the Act, the deduction permitted under the Act must be allocated among the associated corporations or, in the case of a partnership, to the partnership and/or to individual partners. For further information contact the Tax Administration Division at (709)729-6376 or 1-800-729-6376

**Please complete the following:**

- 1) Date Effective.
- 2) New Percentage Allocation for each member of the Association.
- 3) Date Unassociated for any member no longer associated.
- 4) If any new members are to be added to the association, please list below in space provided.
- 5) The Certification Section located at the bottom of this form.

**Association Number:**

**Association year:**

**Date Effective :** Jan 1,

<b>Remitter</b>		<b>Current Percentage Allocation</b>	<b>New Percentage Allocation</b>	
<b>Number</b>	<b>Name</b>			<b>Date Unassociated</b>

**Existing Members**

<hr/> <hr/> <hr/> <hr/> <hr/>	. . %	<hr/> <hr/> <hr/> <hr/> <hr/>	. . %	<hr/> <hr/> <hr/> <hr/> <hr/>
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**New Members**

<hr/> <hr/> <hr/> <hr/> <hr/>	. . %	<hr/> <hr/> <hr/> <hr/> <hr/>	. . %	<hr/> <hr/> <hr/> <hr/> <hr/>
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**Please ensure that allocations total 100%**

**CERTIFICATION:**

I certify this to be a true memorandum of agreement among the above named parties.

<b>Signing Officer (Please Print):</b> <hr/>	<b>Telephone:</b> ( <hr/> )
<b>Signature of Signing Officer:</b> <hr/>	<b>Date:</b> <hr/>