



Government of Newfoundland and Labrador
Department of Finance
Taxation and Fiscal Policy Branch
Tax Administration Division

REGISTRATION INFORMATION FOR APPLICANTS OF HEALTH AND POST-SECONDARY EDUCATION TAX (HAPSET)

This form to be used when registering to remit tax on payroll that exceeds the annual deduction limit.

PLEASE TYPE OR PRINT IN INK WHEN COMPLETING THIS FORM AND FORWARD TO:
TAX ADMINISTRATION DIVISION, DEPARTMENT OF FINANCE, P.O. BOX 8720, ST. JOHN'S, NL A1B 4K1

Are you currently registered under a Tax Program? ☐ No ☐ Yes Remitter Number _____

PLEASE INDICATE BUSINESS TYPE

☐ Proprietorship ☐ Partnership ☐ Joint Vent ☐ Association ☐ Corporation (attach copy of Certificate of Incorporation)

LEGAL NAME

TRADE NAME (if your business operates under a name other than the legal name)

COMPLETE MAILING ADDRESS

Street/Box	Town/City	Prov/State	State Postal/Zip code
------------	-----------	------------	-----------------------

BUSINESS LOCATION ADDRESS (if different than mailing address)

Street/Box	Town/City	Prov/State	State Postal/Zip code
------------	-----------	------------	-----------------------

Contact Information (should it be necessary to contact you for further information, please provide the following)

Contact Name

Title

Phone

Facsimile

E-Mail

ACCOUNTING RECORDS LOCATION (if different than location address)			
Street/Box	Town/City	Prov/State	State Postal/Zip code
Contact Information (should it be necessary to contact you for further information, please provide the following)			
Contact Name		Title	
Phone	Facsimile	E-Mail	

BANKING INFORMATION			
Bank Name			
Street/Box	Town/City	Prov/State	Postal/Zip Code
Bank Number	Transit Number	Account Number	

OWNERS AND DIRECTORS INFORMATION				
Enter the name, date of birth, title and home address for the following;				
Proprietorship - Owner				
Partner - Two or more partners				
Corporation - Officers/ directors				
If there are more than two, please provide same on a separate sheet				
Name		Date of Birth		Phone number
Street/Box	Town/City	Prov/State	Postal/Zip code	
Owner <input type="checkbox"/>	Director <input type="checkbox"/>	Officer <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____

Name		Date of Birth		Phone number
Street/Box	Town/City	Prov/State	Postal/Zip code	
Owner <input type="checkbox"/>	Director <input type="checkbox"/>	Officer <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/> (specify) _____

MULTIPLE LOCATIONS ADDRESS (Complete if more than one location. If more than two, please provide Same information on a separate sheet.)			
Street/Box	Town/City	Prov/State	State Postal/Zip code
Contact Information (should it be necessary to contact you for further information, please provide the following)			
Contact Name		Title	
Phone	Facsimile	E-Mail	

Street/Box	Town/City	Prov/State	State Postal/Zip code
Contact Information (should it be necessary to contact you for further information, please provide the following)			
Contact Name		Title	
Phone	Facsimile	E-Mail	

Fiscal Year End
Federal business number
Commencement date of business
Commencement date of business in NL, if different from above
Are you associated with another corporation that is an employer in the province of NL? (associated as per section 256 on the Income Tax Act (Canada) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a deduction Allocation Agreement.
If you are a partnership, are any of your partners employers in the province of NL? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the nature of your business
Workers Compensation Employer Number
Please give an estimate of the total annual remuneration for your NL establishments _____
Please indicate the percentage of the gross payroll reported above as it relates to the following Renewable Resources Industries: Forestry _____% Fishing _____% Agriculture _____% Aquaculture _____%
Does your company have Edge status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, effective date _____ Portion of payroll under Edge _____

CERTIFICATION
I hereby certify that, to the best of my knowledge and belief, the information provided on this form is accurate. Name (please print) _____ Signature _____ Title _____ Date _____

Privacy and Confidentiality Notice

This information is collected for the purpose of the Department of Finance to process applications under the Revenue Administration Act. All information you provide, both personal and business related, will be kept confidential and compliant with the Access to Information and Protection of Privacy Act (www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm).

If you have any questions regarding privacy and confidentiality please contact the Tax Administration division toll free at 1-877-729-6376.