



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
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**BUSINESS LOCATION ADDRESS ( if different than mailing address )**

Street/Box	Town/City	Prov/State	State Postal/Zip code
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**Contact Information** ( should it be necessary to contact you for further information, please provide the following )

Contact Name	Title	
Phone	Facsimile	E-Mail

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

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

<b>OWNERS AND DIRECTORS INFORMATION</b>				
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) _____

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

<b>Fiscal Year End</b>
<b>Federal business number</b>
<b>Commencement date of business</b>
<b>Commencement date of business in NL,if different from above</b>
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
<b>Workers Compensation Employer Number</b>
Please give an estimate of the total annual renumeration 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 _____

<b>CERTIFICATION</b>
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 _____

<b><u>Privacy and Confidentiality Notice</u></b>
<i>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 (<a href="http://www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm">www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm</a>).</i>
<i>If you have any questions regarding privacy and confidentiality please contact the Tax Administration division toll free at 1-877-729-6376.</i>