



Government of Newfoundland and Labrador

Department of Finance  
Taxation and Fiscal Policy Branch  
Tax Administration Division

### **Application to e-File Returns and Payments**

This application must be completed to file returns and make account payments through the Newfoundland and Labrador Electronic Tax Service. This service is available for the following programs:

- Gasoline Retailer Tax
- Gasoline Wholesaler Tax
- Health and Post-Secondary Education Tax
- Insurance Companies Tax
- Insurance Premiums Tax
- Tobacco Tax
- Used Vehicle Tax
- Utilities Tax
- Sugar Sweetened Beverage Tax
- Vapour Tax

Once your application is processed, you will be issued a unique User Identification Number (ID) and Personal Identification Number ( PIN ) to access the system. For security purposes, the User ID and PIN will be mailed separately, two or three days apart, to the attention of the User(s) named for the Tax Program ( as per #1 below ) and to the address as per # 2 below.

1. Please list the tax account(s) you wish to e-File for:

Remitter #: \_\_\_\_\_

Please print each Tax Program you are applying for and the first and last name of the User(s).

Tax Program: \_\_\_\_\_ User name(s): \_\_\_\_\_

Tax Program: \_\_\_\_\_ User name(s): \_\_\_\_\_

Tax Program: \_\_\_\_\_ User name(s): \_\_\_\_\_

Tax Program: \_\_\_\_\_ User name(s): \_\_\_\_\_

Tax Program: \_\_\_\_\_ User name(s): \_\_\_\_\_

2. Print name(s) of contact person(s) responsible for authorizing your e-File User(s):

Name: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

\_\_\_\_\_ Business Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION DECLARATION To be completed by the individual authorized to enter into this agreement**

I hereby make application to access and use the Newfoundland and Labrador Electronic Tax Service. I authorize the Government of Newfoundland and Labrador to prepare debits, by paper or electronic means, for amounts due to the Government of Newfoundland and Labrador that are authorized by me and only on the bank account for which a void cheque has been provided for this purpose. I warrant and guarantee that I am a recognized signing officer empowered to enter into this agreement.

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Name of owner or authorized official (Print)

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Position

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Signature

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Date

The personal information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant programs. All information you provide will be kept confidential and compliant with the *Access to Information and Protection of Privacy Act*.