

REMITTER #_____

Change of Information Form for e-File

This application must be completed to change any information that was provided on a previous application to e-File.

Please indicate below any and all changes to the user name(s) for the Tax Program(s) to be amended.

| | | |
|--------------------|---------------------|--|
| Tax Program: _____ | User name(s): _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| | _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| | _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| | _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| Tax Program: _____ | User name(s): _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| | _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| | _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| | _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| Tax Program: _____ | User name(s): _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| | _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
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| | _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| Tax Program: _____ | User name(s): _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| | _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| | _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |
| | _____ | Delete <input type="checkbox"/> Add <input type="checkbox"/> |

Contact person responsible for authorizing changes to e-File users. Please complete **only** if any of the following has changed.

Name: _____ Business Phone #: _____

Business Phone #: _____

Mailing Address: _____

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

I hereby authorize the above changes for use with the Newfoundland and Labrador Electronic Tax Service. I warrant and guarantee that I am a recognized signing officer empowered to enter into this agreement.

Name of owner or authorized official (Print)

Position

Signature

Date