

HEALTH AND POST-SECONDARY EDUCATION TAX

THIS PORTION IS YOUR WORKSHEET TO USE IN COMPLETING YOUR ATTACHED TAX RETURN
KEEP THIS WORKSHEET FOR YOUR RECORDS

SEE REVERSE FOR COMPLETION INSTRUCTIONS

| | | |
|-------------------------|------------------------|--|
| TAX REMITTER NUMBER: | FOR THE PERIOD ENDING: | |
|-------------------------|------------------------|--|

| TAX RETURN CALCULATION | AMOUNTS |
|---|---------|
| 1. Gross Remuneration in the Province for the Period ** | |
| 2. Allocated Tax Free Deduction | |
| 3. Taxable Remuneration for this Period | |
| 4. Total Tax Due (2.000% of line 3) | |
| 5. ADD DEBIT BALANCE / SUBTRACT CREDIT BALANCE | |
| 6. Not Applicable | N/A |
| 7. Total Amount Enclosed | |

**** Please record only the current month's remuneration for the period ending date on LINE 1 above and on LINE 1 below.**

THE AMOUNTS CALCULATED IN THE ITEMS ABOVE MUST BE COPIED
TO YOUR ATTACHED TAX RETURN

NOTE:

COMPLETE SUPPORTING RECORDS MUST BE KEPT UNTIL THEIR DESTRUCTION HAS BEEN AUTHORIZED BY THE MINISTER OF FINANCE. FAILURE TO KEEP SUCH RECORDS WILL RESULT IN PENALTIES BEING IMPOSED.

DETACH AND RETURN THE BOTTOM PORTION

HEALTH AND POST-SECONDARY EDUCATION TAX RETURN (PURSUANT TO THE HEALTH AND POST-SECONDARY EDUCATION TAX)



ALL APPLICABLE SECTIONS MUST BE COMPLETED
PLEASE TYPE OR PRINT CLEARLY IN INK

Government of
Newfoundland and Labrador
Department of Finance

Int. charged at a rate of 0.03846666% per day.

RETURN DUE DATE:

| | | |
|--|---|----------------|
| TAX REMITTER NO.: | | |
| TAX REMITTER: | | |
| FOR THE PERIOD ENDING: | | AMOUNTS |
| IF BUSINESS HAS BEEN DISCONTINUED DURING THE PERIOD, PLEASE SPECIFY: | 1. Gross Remuneration in the Province for the Period ** | |
| | 2. Allocated Tax Free Deduction | |
| | 3. Taxable Remuneration for this Period | |
| YEAR MONTH DAY | 4. Total Tax Due (2.000% of line 3) | |
| | 5. ADD DEBIT BALANCE / SUBTRACT CREDIT BALANCE | |
| | 6. Not Applicable | N/A |
| 7. Total Amount Enclosed | | |

CERTIFICATION:

These statements are hereby certified to be correct to the best of my knowledge and belief of the undersigned. It is a serious offense to make false statements on this return.

SIGNATURE OF AUTHORIZED SIGNING OFFICER: _____ TITLE: _____

AUTHORIZED SIGNING OFFICER (Please Print or Type): _____ DATE: _____

TELEPHONE NUMBER OF AUTHORIZED SIGNING OFFICER: _____

PLEASE READ CAREFULLY

- A. Failure to file returns or remit the tax payable by the due date will result in interest and/or penalty being imposed.
- B. Cheques or money orders should be made payable to the Newfoundland Exchequer and forwarded to:

**DEPARTMENT OF FINANCE
TAXATION AND FISCAL POLICY BRANCH
TAX ADMINISTRATION DIVISION
P.O. BOX 8720
ST. JOHN'S, NL
A1B 4K1**

- C. The tax return must be properly signed by an authorized officer, director, or agent of the business and filed with the Minister not later than 20 Days after the end of the period ending shown on the return.
- D. Interest on outstanding balances is charged at a rate of 0.03846666% per day. Where full payment is not made by the due date, an additional 10% of the amount due may be imposed.
- E. Record your tax remitter number, name, and tax program on the back of your cheque or money order
- F. If no tax due, a NIL return must be filed. Line 1 must always be completed.
- G. If your business has been discontinued during the period:
 - (a) A return should be filed and the tax due remitted for the period.
 - (b) The name of the successor, if any, should be forwarded to the Minister of Finance, within 15 days, along with your registration certificate for cancellation.
- H. Any inquiries may be forwarded to (709) 729 - 6297 or toll free 1-877-729-1695.

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