



Tax Administration Division  
 Clearances  
 P.O. Box 8700  
 St. John's, NL  
 A1B 4J6

# APPLICATION FOR TAX CLEARANCE

**Please Note:** A clearance certificate or letter indicates that no tax liability is known to the Tax Administration Division at the time of issuance and is valid for 10 days from issuance. However, additional tax liabilities may be discovered at a future date through audit or other means. Please do not use this form for Corporation Capital Tax Clearances requests. For further information concerning these requests, please call 1-800-959-5525 or visit CRA web link [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca)

**Failure to provide the requested information in total may delay the processing of this request. Attach additional information if required.**

Date: \_\_\_\_\_  
 Reference No: \_\_\_\_\_

## SECTION 1

### If Corporate Entity

Name of Corporation: \_\_\_\_\_ Business No: \_\_\_\_\_  
 Name of Directors: \_\_\_\_\_

(Please list all Directors DOB and SIN, separate sheet may be attached)

### If Individual(s):

Name of Client: \_\_\_\_\_  
 Previous Name(s): \_\_\_\_\_  
 Social Insurance No: \_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Name of Client: \_\_\_\_\_  
 Previous Name(s): \_\_\_\_\_  
 Social Insurance No: \_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_

## SECTION 2

Real Property: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business No: \_\_\_\_\_  
 Town / City: \_\_\_\_\_

## SECTION 3

Lawyer's Name: \_\_\_\_\_  
 Name of Law Firm: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## SECTION 4

Authorization to Release Information: (From the entity on which search is to be conducted. Please print or write clearly)

I \_\_\_\_\_, \_\_\_\_\_ authorize the release of information to the entity named in  
 (name) (title)

Section 3 (or designate), pertinent to this application for clearance.

X \_\_\_\_\_ Date Signed: (yyyy/mm/dd) \_\_\_\_\_

## SECTION 5

### Office Use Only

Tax	Account #	Balance Outstanding	Returns Outstanding	Referred To
Retail Sales Tax				
Health & Post Secondary Education Tax				
Gasoline Tax				
Tobacco Tax				
Insurance Company				
School Tax				
Mining Tax				
Financial Corporation Tax				
Date Cleared: _____				

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