



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

APPLICATION FOR TAX CLEARANCE CERTIFICATE

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.

The cost of a tax clearance certificate is \$50.00. A manual application form must be submitted for each request. Payment must be made through the Tax Clearance Certificate on-line payment application at <http://www.gov.nl.ca/pay-online.html>. A single online payment transaction can be used to pay for multiple applications simultaneously. Applications should be submitted for processing in batches which correspond to the online payment made. Please attach a copy of the online payment receipt to the application batch being submitted and ensure the payment transaction number is written on each application in the batch.

Date: _____
Reference No: _____
Payment Transaction 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 administering the Revenue Administration Act. All information provided, both personal and business related, is kept confidential and in compliance 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.