



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  Add

\_\_\_\_\_ Delete  Add

\_\_\_\_\_ Delete  Add

\_\_\_\_\_ Delete  Add

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

\_\_\_\_\_ Delete  Add

\_\_\_\_\_ Delete  Add

\_\_\_\_\_ Delete  Add

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

\_\_\_\_\_ Delete  Add

\_\_\_\_\_ Delete  Add

\_\_\_\_\_ Delete  Add

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

\_\_\_\_\_ Delete  Add

\_\_\_\_\_ Delete  Add

\_\_\_\_\_ Delete  Add

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