

**APPLICATION FOR REGISTRATION
BY AN INDIVIDUAL OR PARTNERSHIP
UNDER THE INCOME TAX ACT (MANITOBA)
TO OPERATE IN THE PROVINCE OF MANITOBA IN THE BUSINESS OF
INCOME TAX REBATE DISCOUNTING FOR THE 2017 INCOME TAX YEAR**

Name of Business _____

Address of Business (Must Not Be a Post Office Box, Postal Station or General Delivery) offices attaching a separate sheet if necessary.

**8 digit federal
discounting code**

Telephone # _____ **Email Address** _____

Date of Application _____

I (We) _____ of _____
Name Complete Address
_____ of _____
_____ of _____
_____ of _____
(attach list if space is insufficient)

DO HEREBY DECLARE

- (1) That I (We) intend to carry on business as a tax rebate discounter in the Province of Manitoba operating under the name of _____.
- (2) That I (We) intend to commence business under the said name on the _____ day of _____, 20_____.
- (3) That no other firm, person or corporation is associated with me (us) in the said business.
- (4) That the statements made in the application for registration are true.

And, I (We) make this solemn declaration conscientiously believing it to be true.

Declared before me at the _____/
of _____ in the _____/
of _____ this _____ day/ _____
of _____, 20_____/ (signature of applicant)

(A Notary Public, Commissioner For Oaths etc.)

REGISTRATION FEE FOR 2017 INCOME TAX YEAR

Basic Fee (includes main location) \$ 1,000
Location Fee: Number of additional locations ___ x \$200 = \$ _____
Total Registration Fee (payment attached) \$ _____

Make cheque or money order payable to:
Minister of Finance, c/o Manitoba Tax Assistance Office, 809-386 Broadway Winnipeg MB R3C 3R6
Phone – 204-948-2115 or toll free 1-800-782-0771, Email: TAO@gov.mb.ca, Fax: 204-948-2263

FOR DEPARTMENTAL USE ONLY

Date Received _____ Registration No _____

Accepted for Registration by Manitoba Finance on _____