



**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 2018 INCOME TAX YEAR**

Name of Business _____

Physical address of Business (Must not be a PO Box, Postal Station, or General Delivery)

**8-digit federal
discounting code**

Include all branch offices (attach a separate sheet if necessary):

Telephone # _____ - _____ - _____ Email _____

Date of Application _____

I (We) _____ of

APPLICANT(S) NAME

MAILING ADDRESS

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, and
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.

SIGNATURE OF APPLICANT(S)

REGISTRATION FEE FOR 2019 INCOME TAX YEAR

Basic Fee (includes main location) \$2,000
Location Fee: Number of additional locations _____ x \$300 = \$ _____
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 # _____

Accepted for Registration by Manitoba Finance on _____