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Prince Edward Island CANADA

Department of Finance
Taxation and Property Records

Declaration of Income for Marked Gasoline and/or Marked Diesel Oil Permits

Mail to:
Department of Finance,
Taxation and Property Records
PO Box 1150, Charlottetown, PE C1A 7M8
Tel: (902) 368 4070 Fax: (902) 368 6164
www.taxandland.pe.ca Email: *taxandland@gov.pe.ca*

Deliver to:
95 Rochford Street
Shaw Building, 1st Floor
Charlottetown, PE C1A 3T6

or: any Access PEI Centre

Freedom of Information and Protection of Privacy
Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

For Office Use Only:
Permit No. : _____

This form is used in lieu of the applicant providing direct proof of income from the sale of industry relevant products. The form must be completed by an accountant with a professional accounting designation, signed by all parties, and returned with an application form for a Marked Gasoline and/or Marked Diesel Oil Permit to Taxation and Property Records Division.

Section A – Accounting Firm		
Name of Accountant:		
Name of Firm:		
Mailing Address:		
City/Town/Village:	**Province:**	**Postal Code:**
Telephone: ( )	**Fax: ( )**	**Email:**

Section B – Applicant Information		
Individual ☐ **Partnership** ☐ **Corporation** ☐		
Name of Individual, Partnership or Corporation:		
Business Name (if applicable):		
Mailing Address:		
City/Town/Village:	**Province:**	**Postal Code:**

Section C – Income from the Sale of Industry Relevant Products	
Sources of Industry Relevant Income **For example: Sales of products derived from farming, fishing and/or aquaculture**	**Taxation Year:**
	Income
	$
	$
	$
	$
	$
	$
	$
	$

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September 2015

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Section D – Authorization and Certification

I authorize **the accounting firm named in Section A** to release any financial information to Taxation and Property Records Division for the purpose of determining eligibility for a Marked Fuel Permit.

Name of Applicant or Authorized Signing Officer | **Title**

Signature | **Date**

Accounting firm to complete (A) or (B)

(A) I certify that I have a professional accounting designation, and I have personally reviewed the income tax return(s) for **the applicant named in Section B.** All required tax information, including all schedules and Notice(s) of Assessment, have been reviewed by me and I have personal knowledge of the information contained herein.

Name of Accountant

Signature | **Date**

(B) We certify that we are a professional accounting firm and a staff member having a professional accounting designation has reviewed the income tax return(s) for **the applicant named in Section B.** All required tax information, including all schedules and Notice(s) of Assessment, have been reviewed by the staff member who has personal knowledge of the information contained herein.

Name of Contact | **Title**

Stamp of Accounting Firm or Authorizing Signature | **Date**