



3401 Thanksgiving Way, Suite 150
Lehi, Utah 84048

CA GST Reimbursement Request Form

Name:

Brand Partner ID:

GST Number:

Combined Rate:

Street Address:

Phone #:

Email:

TO:

Name:

Phone #:

Street Address:

MONTH	PAID MONTHLY/WEEKLY COMMISSION

TOTAL

Combined Rate

Total GST Amount

Direct Deposit Authorization

Complete this section for direct payments to either your chequing or savings account
OR attach a VOID cheque.

Transit Number:

Institution Number:

Account Number:

Bank Name:

☐

I hereby certify that I have already paid the above calculated tax amount to the CRA and appropriate Provincial Tax Authority.

☐

I hereby certify that I will pay the above calculated GST and PST to the CRA and appropriate Provincial Tax Authority within due date.

Signature:

Select the Combined Rate from the table below to calculate the Total GST Amount

Province	Combined Rate
Alberta	5%
British Columbia	12%
Manitoba	12%
New Brunswick	15%
Newfoundland and Labrador	15%
Northwest Territories	5%
Nova Scotia	14%
Nunavut	5%
Ontario	13%
Quebec	14.975%
Prince Edward Island	15%
Saskatchewan	11%
Yukon	6%