



Thompson Rivers University
Finance Division
GST Information

Name of contractor: _____

Address: _____

Full legal name: _____

Trading name: _____

1. Are you a GST registrant? Yes _____ No _____

If yes, please indicate your registration number: _____

If no, please complete the following:

We/I understand that our/my business is not required to be registered because (please circle one):

a. GST taxable sales and revenues did not exceed \$30,000 in the last twelve (12) months

b. Other - please specify: _____

2. Billing method (please circle one)

a. My invoices will clearly indicate the tax amount.

b. The amount of tax will not be indicated but will be included in the invoice amount.

c. GST will not be applied.

3. Do you have WCB coverage? Yes _____ No _____

If yes, please indicate your registration number: _____

DECLARATION

I, _____, declare that, to the best of my knowledge, all of the information provided herein is true and complete.

Signature

Title (if applicable)

Date