Detach and return this REMITTANCE FORM with your payment.
See the reverse side and the insert for tax payment information.

CT

Ontario

Ministry of Finance
PO Box 620 (CT)
33 King Street West
Oshawa ON L1H 8E9

X X X X X X X X X X

Account No.

35A
CT PX4003

Taxation Year End: (YYYYMMDD)

Payment Amount: $.

Taxation Year End: (YYYYMMDD)

Payment Amount: $.

Total Payment Enclosed: $.

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