



**Government of Saskatchewan
Immigration Branch**

Entrepreneur

Application Form

FOR OFFICE USE ONLY

Office file number:

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

PLEASE PRINT OR TYPE APPLICATION

PERSONAL INFORMATION

1. a) Surname (family name):		b) Given name(s):	
c) Full name in native language (for example, Arabic, Cyrillic, Korean, Japanese characters or Chinese commercial/telegraphic code) is:			
2. a) Date of birth (day/month/year):	b) Place of birth (city or town):	c) Country of birth:	
3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Citizenship:	

ELIGIBILITY CRITERIA

The Entrepreneur Category requires the following (9) criteria to be met for consideration under the Saskatchewan Immigrant Nominee Program:

1. I have attached a detailed business proposal to establish a business in Saskatchewan or relocation and investment plan. Yes No
2. I have attached a detailed financial plan for the capital and operational investment to establish a business in Saskatchewan. Yes No
3. I have attached professional prepared financial statements of my current business. Yes No
4. I have attached a personal financial statement. Yes No
 - a) I have visited Saskatchewan in the last 2 years. Date of visit: _____ Yes No
 - b) I plan to visit Saskatchewan. Date of visit: _____ Yes No
5. I will be involved in the day-to-day ongoing management of the business. Yes No
6. I will reside in Saskatchewan on a permanent basis. Yes No
7. My business proposal does not include a financial obligation to invest in a Saskatchewan business for a specified period of time with a guaranteed return of investment under specified conditions. Yes No
8. I will own 33.3% of my business in Saskatchewan or invest at least \$500,000 into the business. Yes No
9. I have attached documentation (e.g. education, training, work experience, financial/business documents or previous business/management experience) that demonstrates I am an experienced businessperson. Yes No

8. List those who will accompany the applicant to Canada (use a separate sheet if required):

Name (provide birth name of spouse) Relationship (spouse/children) Date of Birth/Age (day/month/year)

9. List relatives currently living in Canada:

Name Relationship (spouse/children) City/Province Length of Residence

CURRENT BUSINESS INFORMATION

10.a) Position in current business (owner, partner, manager, supervisor):	b) Number of years you have owned and/or managed a business:	c) Type of business (manufacturing, exporting, processing, etc.):
d) Number of employees managed:	e) Sales volume (each of 2 previous yrs.):	f) Company assets (see Form SK-200-1):
g) If you were a senior manager in a business please state: Number of years in senior management: _____	h) Level of decision-making within the company: _____ _____ _____	i) Sales volume you directly had an impact upon:

11. Check the sector which the business proposal falls under:

- | | | | | |
|--|---|--|----------------------------------|--|
| <input type="checkbox"/> Agri-value and Biotechnology | <input type="checkbox"/> Forestry | <input type="checkbox"/> Energy | <input type="checkbox"/> Culture | <input type="checkbox"/> Retail/Services |
| <input type="checkbox"/> Information Technology and Telecommunications | <input type="checkbox"/> Tourism | <input type="checkbox"/> Mining/Minerals | | |
| <input type="checkbox"/> Fabricated Metal Manufacturing | <input type="checkbox"/> Value Added Processing | <input type="checkbox"/> Manufacturing | | |



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AUTHORITY TO DISCLOSE PERSONAL INFORMATION

- I authorize the release of information from my Saskatchewan Immigrant Nominee Program application to officials of the Canadian Government for any purpose relating to my application and other government officials as deemed appropriate.
- I authorize the release of employment and educational history to potential employer(s) and to associations and agencies assessing work and educational qualifications.
- I authorize the third party listed on this application to provide the completed form to the Saskatchewan Government and I further authorize this third party and the Government of Saskatchewan to discuss the contents of this form, or additional information of this type, for the purposes described in the application.

Applicant Name (please print)

Applicant Signature

Date

DECLARATION OF APPLICANT

- I intend to live in Saskatchewan on a permanent basis.
- I intend to own and manage on a day-to-day basis a business in Saskatchewan.
- I declare my financial investment does not include a return on the investment under specified conditions.
- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I understand all the foregoing statements, having asked for and obtained an explanation of every point which was not clear to me.

Applicant Name (please print)

Applicant Signature

Date

Income Tax Return for Single and Joint Filers With No Dependents (99)

Label
(See page 12.)
Use the eGov label. Otherwise, please print or type.

Presidential Election Campaign
(page 12)

L A B E L H E R E	Your first name and initial	Last name		
	If a joint return, spouse's first name and initial	Last name		
	Home address (number and street). If you have a P.O. box, see page 12.		Apt. no.	
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.			

Your social security number
: : :
Spouse's social security number
: : :
: : :

▲ Important! ▲
You must enter your SSN(s) above.

Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or spouse if a joint return, want \$3 to go to this fund? ▶ **You** Yes No **Spouse** Yes No

Income

Attach Form(s) here. Enclose, but do not attach, any payment.

Note. You must check Yes or No.

1	Total wages, salaries, and tips. This should be shown in box 1 of your form(s).	1	
2	Taxable interest.	2	
3	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends (see page 14).	3	
4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	
5	Can your parents (or someone else) claim you on their return? Yes. Enter amount from <input type="checkbox"/> worksheet on back. No. If single , enter 7,450.00. If married , enter 13,400.00. See back for explanation.	5	
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your taxable income .	6	

Credits, payments, and tax

7	Rate reduction credit. See the worksheet on page 14.	7	
8	Enter your Federal income tax withheld from box 2 of your W-2 form(s).	8	
9a	Earned income credit (EIC). See page 15.	9a	
b	Nontaxable earned income. 9b		
10	Add lines 7, 8, and 9a. These are your total credits and payments .	10	
11	Tax. If you checked "Yes" on line 5, see page 20. Otherwise, use the amount on line 6 above to find your tax in the tax table on pages 24–28 of the booklet. Then, enter the tax from the table on this line.	11	

Refund

Have it directly deposited! See page 20 and fill in 12b, 12c, and 12d.

12a	If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund .	12a	
b	Routing number <input style="width: 150px;" type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <input style="width: 200px;" type="text"/>		

Amount you owe

13	If line 11 is larger than line 10, subtract line 10 from line 11. This is the amount you owe . See page 21 for details on how to pay.	13	
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Third party designee

Do you want to allow another person to discuss this return? **Yes.** Complete the following. **No**

Designee's name ▶	Phone no. ▶ ()	Personal identification number (PIN) ▶ <input style="width: 100px;" type="text"/>
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Sign here

Joint return? See page 11. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶	EIN	Phone no. ()	