

Application For Refund of Tobacco Tax

Name:			
Address:			
Postal Code:	Email Address:		
Remitter Number:	For the period of: to:		
Refund Requested: \$	Telephone Number: () Fax: ()		
Reason for Refund of Tobacco Tax: (Please provide details and complete the form on the fol	Stolen Tobacco Other		
For stolen tobacco products please include the f the police report number and the officer in a copy of the invoices for the stolen items a copy of the insurance claim (if no insurance)	n charge (or responded);		
	N CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST SIGNED AND THAT ALL RELEVANT FACTS HAVE BEEN		
NAME (Please Print)	TITLE		
SIGNATURE	DATE		
It is a serious offence to make a false statement reserves the right to audit records to substantia	or to provide false information on this refund claim. The Minister te this claim.		
Dept. of Fi	ED INFORMATION MUST BE FORWARDED TO: nance, Tax Administration Division ox 8720, St. John's, NL A1B 4K1		
•	09) 729-6297 Toll Free:1-877-729-6376 29-2856 Email: taxadmin@gov.nl.ca		

Please complete the following table giving the description of the product and the quantity purchased.

- For tobacco other than cigarettes and cigars, the weight of the packaging
- For cigars a detail description and the amount of tax paid

Detailed Listing of Items Stolen

Tax Rates Effective June 1, 2021

Detailed Listing of Items Stolen	<u> </u>		<u> </u>	Effective dune 1, 2021
Description	Units	Quantities (A)	Tax Rate (B)	Tax (A x B)
Cigarettes / Pre-portioned Toba	acco Sticks	_	_	_
	Cartons		\$65.00	
	Sub-tota	al Dollar Amoun	t of Cigarettes	\$
Tobacco Products other than C	igarettes and Cigars			
	Grams		\$0.56	
	Sub-to	\$		
Cigars				
		Sub-	total of Cigars	\$

The information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant program. All information you provide will be kept confidential and compliant with the *Access to Information and Protection of Privacy Act*, 2015.