

Declaration Return of Tobacco Products Inventory – Tobacco Wholesalers

Date Inventory Ta	ken: Time:	Time:		
Legal Name:	Trade Name:			
Address:				
License Number:	Last Receiving Report Number Prior to Cut-Off:	Last Sales Invoice Number Prior to Cut-Off:		

Inventory Declaration must include all Tobacco Stock on the premises, including:

- a) Dry and damaged to be returned to the supplier;
- b) In transit from suppliers and invoiced at old rates; and
- c) Invoiced to a customer but still on the property.

NOTE: Detailed inventory count sheets must be retained for audit examination.

Product	Unit	Quantity (A)	Incremental Tax Rate (B)	Amount of Tax Owing (A x B)
Cigarettes	Carton		\$6.00	\$
All other tobacco products (excluding cigarettes and cigars)	Grams		\$0.06	\$
			Total Tax Payable	\$

Certification:

The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned.

Authorized Signing Officer (Please Print or Type)

Signature of Authorized Signing Officer

Date

Title

Email Address

Telephone Number

The "Inventory Return" must be received by the Office of the Comptroller General on or before **June 22, 2021**. Failure to do so will result in the imposition of a \$100 late filing penalty and may result in the assessment of a penalty equal to the tax that should have been submitted. Cheques should be made payable to the "Newfoundland Exchequer". No payment required for amounts less than \$2.00.

Please forward the completed return, with any taxes owing to: Office of the Comptroller General, Central Cashier's Office P.O. Box 8720, St. John's, NL A1B 4J6

Or

Email: <u>taxreturn@gov.nl.ca</u>

Inquiries: Telephone: (709) 729-6297 Toll Free: 1-877-729-6376

IT IS A SERIOUS OFFENCE TO PROVIDE FALSE INFORMATION ON THIS RETURN