



**APPLICATION FOR A TOBACCO TAX REBATE UNDER THE  
 REVENUE ADMINISTRATION ACT  
 (LABRADOR WEST AND SOUTHERN LABRADOR)**

**THIS FORM MUST BE FORWARDED VIA EMAIL, FAX OR MAIL WITH CERTIFIED COPIES OF PURCHASE  
 INVOICES TO: TaxRebate@gov.nl.ca, 1-709-729-2856, or  
 TAX ADMINISTRATION DIVISION, DEPARTMENT OF FINANCE, P.O. BOX 8720, ST. JOHN'S, NL A1B 4K1**

Name		
Address		Telephone Number:
Purchase Period From:	To:	Seller's Number:

INFORMATION ON PURCHASES FOR THE PERIOD						
DATE	INVOICE #	SUPPLIER'S NAME	NUMBER OF CARTONS OF CIGARETTES	FOR OFFICE USE ONLY	GRAMS OF TOBACCO	FOR OFFICE USE ONLY
TOTAL PURCHASES FOR REBATE						
TAX REBATE PER CARTON/GRAM (SEE BELOW)						
REBATE AMOUNT (TOTAL MULTIPLIED BY THE TAX REBATE PER CARTON/GRAM)						
TOTAL REBATE CLAIMED						

<u>Rebate on cigarettes per carton of 20's and 25's</u> Effective April 1, 2023 - \$27.50	<u>Rebate per gram of tobacco other than cigarettes and cigars</u> Effective April 1, 2023 - \$0.3736
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**CERTIFICATION**

I hereby certify that, to the best of my knowledge and belief, the information provided on this form is true and correct, and that I understand it is a serious offence to make a false statement in this claim.

Name of Authorized Signing Officer (please print) \_\_\_\_\_

Signature of Authorized Signing Officer \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Privacy and Confidentiality Notice**

*This information is collected for the purpose of the Department of Finance to process applications under the Revenue Administration Act. All information you provide, both personal and business related, will be kept confidential and compliant with the Access to Information and Protection of Privacy Act, 2015 ([www.assembly.nl.ca/legislation/sr/statutes/a01-2.htm](http://www.assembly.nl.ca/legislation/sr/statutes/a01-2.htm)). If you have any questions regarding privacy and confidentiality please contact the Tax Administration Division toll free at 1-877-729-6376.*

**FOR OFFICE USE ONLY**

REVIEWED BY:	DATE:
APPROVED BY:	DATE: