

GASOLINE WHOLESALER TAX

THIS PORTION IS YOUR WORKSHEET TO USE IN COMPLETING YOUR ATTACHED TAX RETURN
KEEP THIS WORKSHEET FOR YOUR RECORDS

SEE REVERSE FOR COMPLETION INSTRUCTIONS

TAX REMITTER NUMBER:	FOR THE PERIOD ENDING:	
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TAX RETURN CALCULATION	AMOUNTS
1. Not Applicable	N/A
2. Not Applicable	N/A
3. Not Applicable	N/A
4. Not Applicable	N/A
5. Not Applicable	N/A
6. Net Tax Due (Tax Overpaid)	
7. Total Amount Enclosed	

THE AMOUNTS CALCULATED IN THE ITEMS ABOVE MUST BE COPIED TO YOUR ATTACHED TAX RETURN

NOTE: COMPLETE SUPPORTING RECORDS MUST BE KEPT UNTIL THEIR DESTRUCTION HAS BEEN AUTHORIZED BY THE MINISTER OF FINANCE. FAILURE TO KEEP SUCH RECORDS WILL RESULT IN PENALTIES BEING IMPOSED.

DETACH AND RETURN BOTTOM PORTION

GASOLINE WHOLESALER TAX RETURN
(PURSUANT TO THE REVENUE ADMINISTRATION ACT)

ALL APPLICABLE SECTIONS MUST BE COMPLETED

PLEASE TYPE OR PRINT CLEARLY IN INK

Government of
Newfoundland and Labrador

Department of Finance



RETURN DUE DATE:

TAX REMITTER NO.:	
TAX REMITTER:	AMOUNTS
FOR THE PERIOD ENDING:	1. Not Applicable
	N/A
	2. Not Applicable
	N/A
	3. Not Applicable
	N/A
IF BUSINESS HAS BEEN DISCONTINUED DURING THE PERIOD, PLEASE SPECIFY:	4. Not Applicable
	N/A
	5. Not Applicable
	N/A
	6. Net Tax Due (Tax Overpaid)
YEAR MONTH DAY	7. Total Amount Enclosed

CERTIFICATION:

These statements are hereby certified to be correct to the best of the knowledge and belief of the undersigned. It is a serious offense to make false statements on this return.

SIGNATURE OF AUTHORIZED SIGNING OFFICER: _____ TITLE: _____

AUTHORIZED SIGNING OFFICER (Please print or type): _____ DATE: _____

TELEPHONE NUMBER OF AUTHORIZED SIGNING OFFICER: _____

PLEASE READ CAREFULLY

- A. Failure to file returns or remit the tax payable by the due date will result in interest and/or penalty being imposed.
- B. Cheques or money orders should be made payable to the Newfoundland Exchequer and forwarded to:

**DEPARTMENT OF FINANCE
OFFICE OF THE COMPTROLLER GENERAL
TAX ADMINISTRATION DIVISION
P.O. BOX 8720
ST. JOHN'S, NL
A1B 4K1**

- C. The tax return must be properly signed by an authorized officer, director, or agent of the business and filed with the Minister not later than the due date shown on the front of this return.
- D. Interest on outstanding balances is charged at the prime lending rate plus 4% and is compounded monthly. The interest rate shall be determined on June 15 and December 15 in each year.
- E. Record your tax remitter number, name and tax program on the back of your cheque or money order.
- F. If no tax due, a NIL return must be filed. Line 6 must always be completed.
- G. If your business has been discontinued during the period:
 - a. A return should be filed and the tax due remitted for the period.
 - b. The name of the successor, if any, should be forwarded to the Minister of Finance, within 15 days, along with your registration certificate for cancellation.
- H. Any inquiries may be forwarded to (709) 729-6297 or toll free 1-877-729-1695.
- I. Where full payment is not made by the due date, an additional 10% of the amount due may be imposed.

**DEPARTMENT OF FINANCE
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CARBON WHOLESALER TAX

THIS PORTION IS YOUR WORKSHEET TO USE IN COMPLETING YOUR ATTACHED TAX RETURN
KEEP THIS WORKSHEET FOR YOUR RECORDS

SEE REVERSE FOR COMPLETION INSTRUCTIONS

TAX REMITTER NUMBER:	FOR THE PERIOD ENDING:	
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TAX RETURN CALCULATION	AMOUNTS
1. Not Applicable	N/A
2. Not Applicable	N/A
3. Not Applicable	N/A
4. Not Applicable	N/A
5. Not Applicable	N/A
6. Net Tax Due (Tax Overpaid)	
7. Total Amount Enclosed	

THE AMOUNTS CALCULATED IN THE ITEMS ABOVE MUST BE
COPIED TO YOUR ATTACHED TAX RETURN

NOTE: COMPLETE SUPPORTING RECORDS MUST BE KEPT UNTIL THEIR DESTRUCTION HAS BEEN AUTHORIZED BY THE MINISTER OF FINANCE. FAILURE TO KEEP SUCH RECORDS WILL RESULT IN PENALTIES BEING IMPOSED.

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CARBON WHOLESALER TAX RETURN
(PURSUANT TO THE REVENUE ADMINISTRATION ACT)

ALL APPLICABLE SECTIONS MUST BE COMPLETED

PLEASE TYPE OR PRINT CLEARLY IN INK

Government of
Newfoundland and Labrador

Department of Finance



RETURN DUE DATE:

	AMOUNTS
TAX REMITTER NO.: TAX REMITTER:	
FOR THE PERIOD ENDING:	
1. Not Applicable	N/A
2. Not Applicable	N/A
3. Not Applicable	N/A
IF BUSINESS HAS BEEN DISCONTINUED DURING THE PERIOD, PLEASE SPECIFY:	
4. Not Applicable	N/A
5. Not Applicable	N/A
6. Net Tax Due (Tax Overpaid)	
YEAR MONTH DAY	
7. Total Amount Enclosed	

CERTIFICATION:

These statements are hereby certified to be correct to the best of the knowledge and belief of the undersigned. It is a serious offense to make false statements on this return.

SIGNATURE OF AUTHORIZED SIGNING OFFICER: _____ TITLE: _____

AUTHORIZED SIGNING OFFICER (Please print or type): _____ DATE: _____

TELEPHONE NUMBER OF AUTHORIZED SIGNING OFFICER: _____

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