

**SUGAR SWEETENED BEVERAGE TAX
RETAILER RETURN (Tax on Purchases)**

(PURSUANT TO THE REVENUE ADMINISTRATION ACT)

See Reverse Side for Instructions.

1.	Tax Remitter Number:			
2.	Tax Remitter Legal Name:			
3.	Return Due Date:			
		(Month)	(Day)	(Year)
4.	For the Period Ending:			
		(Month)	(Day)	(Year)
5.	Not Applicable			
6.	Tax Due on Purchases			
7.	Not Applicable			
8.	Add: Debit Balance/Subtract Credit Balance (as per last statement)			
9.	Not Applicable			
10.	Total Amount Enclosed			
11.	If Business Ceased Operations During the Period, Please Specify			
		(Month)	(Day)	(Year)

CERTIFICATION BY AUTHORIZED SIGNING OFFICER:

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.

<i>SIGNATURE</i>	<i>DATE</i>

(Name)	(Title)	(Phone Number)	(Email Address)

INSTRUCTIONS

1. ENTER THE SIX DIGIT TAX REMITTER NUMBER PROVIDED BY THE DEPARTMENT OF FINANCE
2. PROVIDE THE LEGAL NAME OF THE COMPANY
3. ENTER THE DUE DATE OF THE RETURN (THE 20TH DAY OF THE MONTH FOLLOWING THE PERIOD END DATE PROVIDED IN LINE 4)
4. PROVIDE THE PERIOD END DATE FOR THE RETURN (THE END OF THE MONTH FOR WHICH THE TAX OF SUGAR SWEETENED BEVERAGES PURCHASES ARE BEING REPORTED)
5. NOT APPLICABLE
6. ENTER THE TOTAL AMOUNT OF SUGAR SWEETENED BEVERAGE TAX DUE ON PRODUCTS PURCHASED FROM NON-REGISTERED WHOLESALERS DURING THE RETURN PERIOD
7. NOT APPLICABLE
8. ENTER THE DEBIT BALANCE OR (CREDIT BALANCE) ON THE SUGAR SWEETENED BEVERAGE TAX ACCOUNT AS PER LAST STATEMENT RECEIVED FROM THE DEPARTMENT OF FINANCE
9. NOT APPLICABLE
10. THE TOTAL PAYMENT ENCLOSED EQUALS THE TOTAL TAX DUE FROM LINE 6 PLUS OR MINUS THE AMOUNT RECORDED IN LINE 8
11. IF THE BUSINESS CEASED OPERATIONS DURING THE PERIOD PLEASE ENTER THE DATE OF CLOSURE
12. THE RETURN MUST BE CERTIFIED BY AN AUTHORIZED SIGNING OFFICER. PLEASE SIGN, DATE, AND INCLUDE THE NAME, TITLE, PHONE NUMBER AND EMAIL ADDRESS OF THE SIGNING OFFICER

Cheques or money orders should be made payable to the Newfoundland Exchequer and forwarded to:

CENTRAL CASHIERS OFFICE
OFFICE OF THE COMPTROLLER GENERAL
P.O BOX 8720, CONFEDERATION BUIDLING
ST. JOHN'S, NL A1B 4J6

PLEASE NOTE

- If no tax due, a NIL return must be filed.
- Failure to file returns or remit the tax payable by the due date will result in a \$100 late filing penalty and interest being imposed, respectively.
- 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.

FOR INQUIRES PLEASE CONTACT

TaxReturn@gov.nl.ca	(709)729-5003	FOR RETURN TRANSACTIONS AND ADJUSTMENTS
Collections@gov.nl.ca	(709)729-6465/ Toll Free 1-877-520-8800	FOR ACCOUNT BALANCE AND TO MAKE PAYMENT ARRANGEMENTS
TaxAdmin@gov.nl.ca	(709)729-6297/ Toll Free 1-877-729-1695	RETURN REQUIREMENTS AND TO OBTAIN INFORMATION REGARDING HOW TO COMPLETE A RETURN