

SUGAR SWEETENED BEVERAGE TAX WHOLESALE RETURN

(PURSUANT TO THE REVENUE ADMINISTRATION ACT)

See Reverse Side for Instructions.

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| 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. | Tax Due on Sales | |
| 6. | Add: Tax Due on Purchases | |
| 7. | Less: Tax Refunded | |
| 8. | Total Tax Due = Line 5 + Line 6 - Line 7 | |
| 9. | Add: Debit Balance/Subtract Credit Balance (as per last statement) | |
| 10. | Total Amount Enclosed: Line 8 +/- Line 9 | |

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|-----|--|---------|-------|--------|
| 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.

| | |
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| | |
| <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 ON SALES OF SUGAR SWEETENED BEVERAGES PURCHASES ARE BEING REPORTED)
5. ENTER THE TOTAL AMOUNT OF SUGAR SWEETENED BEVERAGE TAX DUE ON PRODUCTS SOLD DURING THE RETURN PERIOD
6. ENTER THE TOTAL AMOUNT OF SUGAR SWEETENED BEVERAGE TAX DUE ON PRODUCTS CONSUMED/GIFTED DURING THE RETURN PERIOD
7. ENTER THE AMOUNT OF SUGAR SWEETENED BEVERAGE TAX THAT WAS REFUNDED DUE TO RETURNED PRODUCTS DURING THE PERIOD
8. THE TOTAL TAX DUE EQUALS THE SUM OF LINE 5 AND LINE 6 LESS LINE 7
9. ENTER THE DEBIT BALANCE OR (CREDIT BALANCE) ON THE SUGAR SWEETENED BEVERAGE TAX ACCOUNT AS PER LAST STATEMENT RECEIVED FROM THE DEPARTMENT OF FINANCE
10. THE TOTAL PAYMENT ENCLOSED EQUALS THE TOTAL TAX DUE FROM LINE 8 PLUS OR MINUS THE AMOUNT RECORDED IN LINE 9
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

Cheque 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

| | | |
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| 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 |