

Government of Newfoundland and Labrador

Department of Finance

Office of the Comptroller General

Tax Administration Division

**Retail Sales Tax on Automobile Insurance Premiums**

**Certification Statement**

**REMITTER NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REMITTER NAME:** ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RST REFUND RECOVERY AMOUNT**: $­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby attest to the following statements with respect to the refunding of RST in relation to the elimination of RST on automobile insurance premiums:

**PLEASE CHECK EACH BOX:**

* All amounts adjusted were for contracts of automobile insurance that were entered into or renewed on or after April 15, 2019.
* Client accounts have been credited, installments adjusted, or refund payments issued equal to the refund recovery amount above and corresponds to the amount of tax already remitted on previous tax returns in relation to contracts of automobile insurance that were entered into or renewed on or after April 15, 2019.
* Client accounts have been credited, installments adjusted, or refund payments issued equal to any other amount of tax collected that had not been remitted to government in relation to contracts of automobile insurance that were entered into or renewed on or after April 15, 2019.
* All documents and records will be maintained and made available to the Department of Finance upon request for audit of the recovery of RST refunded for clients.

**CERTIFICATION:**

These statements are hereby certified to be correct to the best of the knowledge and belief of the undersigned. It is a serious offence to make false statements in this attestation.

SIGNATURE OF AUTHORIZED SIGNING OFFICER: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED SIGNING OFFICER (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER OF AUTHORIZED SIGNING OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_