



**APPLICATION FOR REFUND OF TOBACCO TAX
PURSUANT TO THE REVENUE ADMINISTRATION ACT**

Name:	
Address:	
Postal Code:	
Remitter Number:	For the period of: _____ to _____
Refund Requested: \$.	Telephone Number: () _____ Fax: () _____

Reason for Refund of Tobacco Tax <input type="checkbox"/> Stolen Tobacco Products <input type="checkbox"/> Other <small>(Please provide details and complete the form on the following page)</small>

For stolen tobacco products please include the following documentation:

- ✓ the police report number and the Officer in charge or (responded)
- ✓ a copy of the invoices for the stolen items
- ✓ a copy of the insurance claim (if no insurance claim filed, please explain why)

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF OF THE UNDERSIGNED AND THAT ALL RELEVANT FACTS HAVE BEEN REVEALED

NAME (Please Print)	TITLE
SIGNATURE	DATE

It is a serious offence to make a false statement or to provide false information on this refund claim. The Minister reserves the right to audit records to substantiate this claim.

THIS FORM AND RELATED INFORMATION MUST BE FORWARDED TO:
Dept. of Finance, Tax Administration Division, P.O. Box 8720, Confederation Bldg., St. John's, NL, A1B 4K1
Telephone: 1-877-729-1695 Fax: (709) 729-2856 E-mail: taxadmin@mail.gov.nl.ca

