



### Gasoline Retailer Refund Application – December 1, 2017

Gasoline Retailers should use the table below to calculate the gasoline tax decrease on their inventory of gasoline products as of 12:01 am, December 1, 2017. In the event the retailer does not carry any gasoline inventory or inventory is less than 250 litres or 400 litres for Labrador Border zones, a refund application should not be filed. This application must include all gasoline inventory on the premises, including in transit from suppliers and invoiced at old rates.

Legal Name	Gasoline Retailer Number
Trade Name	
Address	

Gasoline Products Inventory as at 12:01a.m., December 1, 2017

Type of Product	A Litres	B Tax Decrease	C Gasoline Tax Refund (A x B)
Gasoline		\$0.04	\$
Gasoline (Labrador City and Wabush Retailers)		\$0.025	\$
Gasoline (Southern Labrador Retailers)		\$0.025	\$
D. Total Tax Refund (Add together amounts in Column C)			\$

Refunds are expected to be issued within 60 days from the receipt of the refund application. No refund will be issued for amounts less than \$10.00. **Refunds will only be issued via direct deposit.** If you are currently not set up for direct deposit please complete the **Supplier Setup and Maintenance Form** and forward the same to the Office of the Comptroller General. This form can be obtained from Government’s website at [www.fin.gov.nl.ca/fin/forms/supplier\\_setup\\_maintenance\\_form.pdf](http://www.fin.gov.nl.ca/fin/forms/supplier_setup_maintenance_form.pdf). Gasoline retailers have up to 3 years to apply for this refund.

The completed refund application should be forwarded to:

Department of Finance  
Tax Administration Division  
P.O. Box 8720  
St. John’s, NL A1B 4K1

Email: [Taxreturn@gov.nl.ca](mailto:Taxreturn@gov.nl.ca) Telephone: (877) 729-6376 Facsimile: (709) 729-2856

**Certification: The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned.**

\_\_\_\_\_  
Authorized Signing Officer (Please Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Signing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**IT IS A SERIOUS OFFENCE TO PROVIDE FALSE INFORMATION ON THIS APPLICATION**