



### TOBACCO TAX RETURN

(WHOLESALE NON-ACCOUNTABLE)  
PURSUANT TO THE TOBACCO TAX ACT

THIS FORM MUST BE RECEIVED NOT LATER THAN THE 20TH DAY OF THE MONTH IMMEDIATELY FOLLOWING THE COMPANY'S YEAR END FOR WHICH THE REPORT IS MADE TO:

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

Name:

Remitter Number:

For The Year Ending:

Due Date:

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Inventory Count

Quantities			
Cigarettes (No. of Cigarettes)	Finecut Tobacco (Grams)	All Other Tobacco Products (Grams)	Cigars (each)

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CERTIFICATION: The above statements are hereby certified to be correct to the best knowledge and belief of the undersigned, and that all applicable tobacco tax has been paid on all purchases. I also understand that it is a serious offence to make false statements on this return.

Signature of Authorized Signing Officer: \_\_\_\_\_ Title: \_\_\_\_\_

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

Telephone Number of Authorized Signing Officer : \_\_\_\_\_