



Request for Refund of Tobacco Tax

(Pursuant to the Prince Edward Island *Tobacco Tax Act*
and the Revenue Administration Act R.S.P.E.I. 1988)

Mail to:

Department of Finance
Taxation and Property Records
PO Box 1150, Charlottetown PE C1A 7M8

Deliver to:

95 Rochford Street
Shaw Building, 1st Floor South
Charlottetown, PE C1A 3T6
or: any Access PEI Centre

Tel: (902) 368-6577 **Fax:** (902) 368-6164

Website: www.taxandland.pe.ca

Email: taxandland@gov.pe.ca

Freedom of Information and Protection of Privacy

Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be sent to the Manager, Tax Administration and Compliance Services, Taxation and Property Records Division, P O Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Section A – Claimant Information (please print)

Full Name (must include middle name/s):

Nature of Business (if applicable): Wholesaler Retailer Manufacturer

Civic Address: Tobacco Tax Account No.:

Mailing Address:

City/Town/Village: Province: Postal Code:

Telephone: () Fax: () Email:

Section B - Reason for Refund (if space is insufficient, please attach a separate sheet)

1	<input type="checkbox"/> Theft	Section 18.(1) of the <i>Revenue Administration Act</i> Regulations states: An application under section 19(1) or 19(5) of the <i>Revenue Administration Act</i> for a refund of an amount paid as tax shall be made, in writing to the Commissioner and shall include (a) the reason for requesting the refund; and (b) such information or documents, including invoices and receipts, as the Commissioner may require, respecting the payment of the amount of tax for which the refund is requested.
	<input type="checkbox"/> Fire	
	<input type="checkbox"/> Damaged	

Please include the following information with your claim:

1. Copies of invoices pertaining to the purchase of tobacco products prior to the theft, damage or destruction.
2. Documentary evidence in the form of a "proof of loss" form from your insurance company stating the date of the theft or loss, the amount of the tobacco stolen or destroyed, etc.
3. A copy of the police report or file number (with a contact name and number) from the investigating police department.
4. An itemized list of the tobacco products stolen, damaged or destroyed (Section C of this form)

The claim must be made within four (4) years from the date of the theft or loss.

2	<input type="checkbox"/> Overpayment of tax	Section 19(1) of the <i>Revenue Administration Act</i> allows for a refund when there has been an overpayment of the tax due.
		Please include the following information with your claim: 1. Copies of invoices showing the tax that was paid 2. Supply back-up information verifying the actual amount that should have been remitted.

The claim must be made within four (4) years from the date on which the overpayment was made.

3	<input type="checkbox"/> Bad Debt	Section 19(1) of the <i>Revenue Administration Act</i> allows for a refund when there has been an overpayment of the tax due.
		Please include the following information with your claim: 1. Copies of invoices showing the tax that was paid. 2. Supply backup information verifying the actual amount of tax that has been written off as a result of the bad debt write-off.

The claim must be made within four (4) years from the date on with the overpayment was made.

Section C - Tobacco Refund Calculation

List below the total quantity of tobacco for which you are seeking a refund of Tobacco Tax, and enter the total amount below.

Tobacco Product	Quantity		Tax Rate	Amount
Cigarettes	_____ each	X	<u>\$0.2250</u> =	\$ _____
	_____ pack of 20	X	<u>\$4.5000</u> =	\$ _____
	_____ pack of 25	X	<u>\$5.6250</u> =	\$ _____
	_____ carton of 200	X	<u>\$45.00</u> =	\$ _____
Tobacco Sticks	_____ each	X	<u>\$0.2250</u> =	\$ _____
Tobacco - other than cigarettes, tobacco sticks and cigars. This could include loose tobacco, chewing tobacco, snuff, etc.)	_____ grams	X	<u>\$0.1750</u> =	\$ _____
Cigars (Based on the total sale price of the cigars)	\$_____	X	<u>0.7160</u> =	\$ _____
Total Amount of Refund Claimed:				\$ _____

Section D - Certification

I hereby certify, to the best of my knowledge and belief, that the above information is correct.

Name of Contact Person (please print)

Signature

Title

Date

For Office Use Only	Section	Object	Program	Project	Amount
Account No.:					
Received Date:		Approver(s):			

* Note: Electronic Funds Transfer (EFT) is available to those who are multiple filers.

Version Française également disponible