



Department of Finance

Tobacco Tax Self-declaration

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

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.

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
Charlottetown, PE C1A 3T7
or: any Access PEI Centre

Tel: (902) 368 4070 Fax: (902) 368 6164

Email: taxandland@gov.pe.ca

Web Site: www.princeedwardisland.ca

Name:		
Mailing Address:		
City/Town:	Province:	Postal Code:
Telephone:	Email:	
Tobacco Vendor License:		

Calculate below the tobacco tax owing on cigarette/tobacco stick inventory on-hand at the close of business on **Sunday, April 27, 2025**. If no tobacco tax is due, the form must be submitted as a **NIL** return. Attach copies of all supporting documentation. For additional instructions, please see TTN:139, TTN:140 and TTN:141.

This self-declaration form must be filed and the additional tobacco tax paid by the 20th day of the month following the date of the tobacco tax change (by May 20, 2025). Late returns may be subject to interest and penalties. Failure to file a return will result in an estimated assessment being made by the Department and may result in a tobacco license suspension.

	Tobacco Tax Increase	Inventory On-hand	Tobacco Tax Due
Per cigarette	\$0.0048	No. of cigarettes: _____	\$
Per tobacco stick	\$0.0048	No. of Tobacco Sticks: _____	\$
Sub-total :			\$
Interest (at 1.5% per month):			\$
Total tobacco tax due on cigarette/tobacco stick inventory on-hand:			\$

Certification	
I hereby certify that the information contained in this form is a full and complete statement of all tobacco inventory on-hand at the time of the tobacco tax change.	
_____	_____
Date	Signature
For Office Use Only	
Account Number:	Processed by: