



CANADA

Department of Finance
Taxation and Property Records

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:

Finance, Energy and Municipal Affairs,
Taxation and Property Records
PO Box 1330, Charlottetown PE C1A 7N1

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.

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 [] Theft [] Fire [] Damaged
Section 18.(1) of the Revenue Administration Act Regulations states:
An application under section 19(1) or 19(5) of the Revenue Administration Act 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.
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 [] Overpayment of tax
Section 19(1) of the Revenue Administration Act 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 [] Bad Debt
Section 19(1) of the Revenue Administration Act 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>\$0.2500</u> =	\$ _____
	_____ pack of 20	X	<u>\$5.0000</u> =	\$ _____
	_____ pack of 25	X	<u>\$6.2500</u> =	\$ _____
	_____ carton of 200	X	<u>\$50.00</u> =	\$ _____
Tobacco Sticks	_____ each	X	<u>\$0.2500</u> =	\$ _____
Tobacco - other than cigarettes, tobacco sticks and cigars. This could include loose tobacco, chewing tobacco, snuff, etc.)	_____ grams	X	<u>\$0.2150</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):				



VENDOR REGISTRATION FORM

(see reverse for instructions)

VENDOR #	
VENDOR SITE	

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01, and will be used for the purpose of administering payments to the individuals or suppliers that are identified on this form. This use includes the sharing of this information within the Government of Prince Edward Island and its agencies to update and ensure the accuracy of information for administering payments. Questions on the collection and use of this information can be directed to the Accounts Payable Supervisor at (902) 368-4067.

SECTION A: STANDARD VENDOR INFORMATION (ALL FIELDS ARE REQUIRED IN SECTION A)

VENDOR NAME:

REGISTERED COMPANY OR BUSINESS NAME / FIRST NAME	MIDDLE NAME(S)	LAST NAME	EMPLOYEE NUMBER, OR DATE OF BIRTH, OR BUSINESS
		PREVIOUS LAST NAMES	

CURRENT MAILING ADDRESS:

MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL CODE / ZIP CODE
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PREVIOUS MAILING ADDRESS:

MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL CODE / ZIP CODE
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CONTACT INFORMATION:

PHONE (INCLUDING AREA CODE)	EMAIL ADDRESS	CONTACT NAME (COMPANY/BUSINESS)
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PAYMENT CURRENCY: CAD USD

SECTION B: ELECTRONIC PAYMENT SERVICE

Please attach a void cheque, correspondence from Financial Institution or have Financial Institution complete section below

BRANCH NUMBER		BANK OFFICER'S SIGNATURE
INSTITUTION NUMBER		NAME (PRINT)
BANK ACCOUNT NUMBER		

SECTION C: CERTIFICATION

I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. If the payment method chosen is electronic payment then I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business.

AUTHORIZED SIGNATURE	DATE
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TITLE
FINANCIAL INSTITUTION STAMP HERE

SECTION D: DEPARTMENT USE ONLY

BUSINESS UNIT: FIS MEPS LMDA ISM ELSB FLSB

ADDRESS PURPOSE: PAYMENT SHIPPING VENDOR TYPE: NON-EMPLOYEE EMPLOYEE

REQUESTED BY	PHONE NUMBER	DATE
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VENDOR REGISTRATION FORM

VENDOR NO.

These instructions are provided to assist vendors in completing the Vendor Registration Form required for any receipt of payments from the Government of Prince Edward Island and its agencies using Government's financial accounting system.

For the purposes of this form, a vendor is the person or business that receives, or may receive, a payment from the Government of Prince Edward Island or its agencies. The information requested on this form is collected to facilitate the processing of these payments.

It is the responsibility of the vendor to notify the Government of Prince Edward Island or its agencies of any changes to the Vendor information by completing a new Vendor Registration Form.

Send your completed form to the mailing address, email address or fax number provided below. Completed forms will be processed within 3 business days. Failure to fully complete the form will result in delays.

Province of PEI	Tel: (902) 368-4010
Office of the Comptroller; Payment Processing	Fax: (902) 368-6661
2 nd Floor Shaw Building, 95 Rochford Street	Email: pymtproc@gov.pe.ca
PO Box 2000 Charlottetown, PE C1A 7N8	

Please follow the instructions below to ensure that the Vendor Request Form is properly completed.

Section A: Standard Vendor Information	
Vendor Name:	For an <u>individual</u> , please provide your full legal name including your middle name and all previous last names including married or maiden names. Middle and prior last names are used to potentially update Government's current vendor records. For a <u>business</u> , please provide your legal name and your operating name if different than your legal name.
Date of Birth, or Business or Employee Number:	If you are not an employee of the Government of Prince Edward Island or any of its agencies and you do not have a Business Number, then please provide your date of birth using the format DD-MON-YY. If you are an employee of the Government of Prince Edward Island or any of its agencies, you must provide your employee number. Businesses must provide the 15 digit identifier provided by CRA. If you do not have a business number, please indicate 'Not Applicable' in the box.
Current Mailing Address:	Please provide your complete mailing address.
Previous Mailing Address:	Please provide as many previous mailing addresses as possible. We use previous mailing address information to potentially update Government's current vendor records and to prevent duplication of your information.
Contact Information:	Please include as much contact information as possible. The Government of Prince Edward Island may need to contact you to confirm, verify or obtain additional information. Please provide an email address which will be used to send a list of invoices paid when a vendor is approved to receive payments electronically. If a valid email address is not provided, you will not receive a notification of an electronic payment. Also, to assure that future notifications from this electronic service are not accidentally filtered out of your email, please add pymtproc@gov.pe.ca to your address book or safe sender list.
Payment Currency:	Please choose payment by CAD (Canadian dollars) or USD (American dollars). If you choose to be paid by USD, your banking information must be provided. Most vendors are paid in Canadian dollars.
Section B: Electronic Payment Service	
The Government of Prince Edward Island has not made electronic payments mandatory but it is recommended that you use this cost effective service. Electronic payments are secure and reliable and there are daily payments made using this service. Please have your financial institution complete this section of the form. Alternately, you can leave this section blank and attach a void cheque or correspondence from your financial institution with your banking information. All payments made by Government of Prince Edward Island and its agencies will be deposited to the noted bank account. You may only have one active bank account for electronic payments unless a specific and prior written request is made to the Office of the Comptroller. If providing banking information, include your email address in the contact information. A list of invoices paid will be sent to this email address. If this is USD banking, please provide your routing number in lieu of the branch and institution number.	
Section C: Certification	
This section must be read and signed by the vendor.	
Section D: Department Use Only	
This section is for the internal use of the Government of Prince Edward Island or one of its agencies only. If you are a vendor completing this form, please leave this area blank.	
Business Unit:	Please indicate which business unit from which this form originates. <u>This would be done prior to sending the form to a vendor.</u>
Address Purpose:	Please indicate the reason of the address information that is provided on the form. It can be both. PAYMENT is the address where the payment is made or the Remit To Address. SHIPPING is the address where the goods or services are being purchased. For example, purchase orders may be directed to a warehouse location in one province but the payment is made to head office that is located in a different province.
Type of Vendor:	Please indicate if the vendor is a non-employee regular or an employee of Government or one of its agencies. Employees of Government are approved differently so this information is important.
Requested by/Phone Number/Date:	Please provide this information so that we may be able to contact you for additional information or clarification.