

To be completed by a retailer requiring a refund for tax exempt sales made to eligible Alberta Indians or Indian Bands. This form must be submitted no more frequently than weekly to Alberta Finance, Tax and Revenue Administration, 9811 109 ST, EDMONTON AB T5K 2L5. Refunds of less than \$20 will not be processed unless specifically requested. Copies of this application, purchase invoices, and sales vouchers must be retained for audit purposes. You must submit the purchase invoices and may be required to submit sales vouchers with your refund application. If you have any questions, please phone (780)427-3044. If calling long distance within Alberta, call 310-0000 then enter (780) 427-3044.

Affix mailing label in this box or print name and address.	8. For Office Use Only	15
1. Indian Tax Exemption Business Identification Number ■ 1a = Occurance #	9. Claim Period (minimum 7 day period) ■ Y Y Y Y M M D D Beginning: _____ Ending: _____	
2. Legal Name of Business		
3. Business or Operating Name (if different from legal name)	10. Have you ceased operations and is this your final claim? ■ <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify date that operations ceased: Y Y Y Y M M D D _____	
4. Mailing Address ----- City/Tow n Province Postal Code -----		
5. Specify any changes to your Operating Name ■		
6. Specify changes to mailing address, telephone or fax number: ■ ----- City/Tow n Province Postal Code ----- Telephone: _____ Fax: _____	11. Is this an amended claim? ■ <input type="checkbox"/> Yes <input type="checkbox"/> No	
	12. If you are required to submit supporting documents, please indicate which documents are attached. <input type="checkbox"/> Purchase invoices <input type="checkbox"/> Vouchers	

Please complete page 2 before completing lines 13-16 below .

Total Exemptions Claimed

Enter the applicable carry forward amounts from page 2. If there is no carry forward amount for line 13, 14 or 15, enter \$0.00.

- 13. Tobacco \$ _____
- 14. Fuel \$ _____
- 15. Propane \$ _____
- 16. Total Refund \$ _____

(To reduce processing costs, refunds of less than \$20.00 will normally not be paid. Upon specific request, Tax and Revenue Administration will refund a balance of less than \$20.00.)

CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the information contained in this application, supporting vouchers and purchase invoices is true and correct and that all relevant facts have been revealed.

Signature: _____

Date: _____

