

Dealer Name: \_\_\_\_\_

Permit # \_\_\_\_\_ Return Month Ending: \_\_\_\_\_

<b>Taxes calculated under the tax memo system</b>			
Total payment transfer (QUANTITIES)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Cigarettes	Tobacco	Cigars
<b>Taxes calculated and submitted</b>			
QUANTITIES (TAX ON)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Tax adjustments – Attach notice forwarded from Taxation Section (may not be used for any other purpose)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total taxes submitted by category	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Cigarettes	Tobacco	Cigars
<b>Total tax payable and enclosed</b>			<input style="width: 100%;" type="text"/>
			Total combined
	_____	_____	_____
	060601	060603	060602

**Inspection and Authorization**

Section 9 of the Tobacco Tax Act – Inspection – It is understood that a person authorized by the Commissioner of the Yukon may enter, at a reasonable time, the business premises where records are kept.

**Certification**

I hereby certify that the above statements are true to the best of my knowledge and belief, and I undertake to comply with the provisions of the Tobacco Tax Act, and the regulations made thereunder.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_  
*(please print)*

Title \_\_\_\_\_  
*(please print)*

Contact Telephone Number \_\_\_\_\_

Contact Fax Number \_\_\_\_\_

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