



T.T.3 TOBACCO TAX RETURN

The Tobacco Tax Act

Finance

Dealer Name: _____

Permit # _____ Return Month Ending: _____

Taxes calculated under the tax memo system

Total payment transfer
(QUANTITIES)

Cigarettes

Tobacco

Cigars

Taxes calculated and submitted

QUANTITIES (TAX ON)

Tax adjustments –
Attach notice forwarded from Taxation Section
(may not be used for any other purpose)

Total taxes submitted by category

Cigarettes

Tobacco

Cigars

Total tax payable and enclosed

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 _____

GOVERNMENT OF YUKON B-1

Name _____
(please print)

Box 2703

Title _____
(please print)

Whitehorse, Yukon Y1A 2C6

Contact Telephone Number _____

Phone: (867) 667-5345

Contact Fax Number _____

Fax: (867) 393-6217

The personal information requested on this form is collected under the authority of and used for the purpose of administering the **Tobacco Tax Act**. Questions about the collection or use of this information can be directed to the Yukon Department of Finance, Box 2703, Whitehorse, Yukon, Y1A 2C6, (867) 667-5343.

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