

The Retail Sales Tax Act Application For Refund – NON-RESIDENT

FORM R.T.6

In accordance with The Retail Sales Tax Act and the Regulations, an application is hereby made for a refund of sales tax paid in the amount of \$ _____

Note: Please give full and complete information and reasons for claiming the above refund in the following space. This information should include date of purchase, name and address of vendor from whom the purchase was made, type of merchandise, purchase price, sales tax paid, etc., in support of this application for refund. Satisfactory evidence in the form of a receipt, bill of sale, or other supporting documents (photocopies are acceptable) should also be attached as proof that sales tax has been paid. If any item reported is registrable under The Highway Traffic Act, please give make, model, year and serial number. Absence of satisfactory evidence will constitute justifiable ground for disallowance of this claim. **Please forward this application to Manitoba Finance, Taxation Division, 101 Norquay Building, 401 York Avenue, Winnipeg, Manitoba, R3C 0P8. Winnipeg Telephone (204) 945-6444, Manitoba Toll Free 1-800-782-0318, Web site www.gov.mb.ca/finance/taxation.**

Claims must be filed with our office within TWO YEARS of the purchase date.

Reason: Refund of retail sales tax to non-resident of Canada

Note: To be eligible for a refund:

1. You must have paid Manitoba sales tax of \$50.00 or more on each receipt you are submitting for refund consideration. No refund will be made in respect of tobacco products, liquor, wine or beer.
2. You must have removed the goods from Manitoba, for use permanently outside the country, within 30 days of the date of purchase.
3. You must have had your receipt(s) validated by a Land Border Duty Free Shop or Customs Border Service Office.
4. You must attach the *original* validated receipt(s) to this application (or, if you have sent the original receipt to the federal government in order to make a refund claim under the Visitor Rebate Program, you may attach a *copy* of the validated receipt to this claim). If you are sending a *copy* of the receipt, please ensure that the validation is visible on the copied receipt.

Date of Purchase: _____

Name and Address of Vendor:

Certification: I Certify That The Statements On This Form Are True And Correct.

Date _____

REFUND CHEQUE SHOULD BE FORWARDED TO:

Signature _____

Name (please type or print)

Mailing Address

City or Town

Postal Code

FOR DEPARTMENT USE

Claim No. _____

Checked _____

Audited _____

It is an Offence to make a false statement in any form, application, record or return.

July 2005

