The Tobacco Tax Act
Application for Refund

Manitoba Finance Taxation

Forward application to: Manitoba Finance
Taxation Administration Branch
101 Norquay Building, 401 York Avenue
Winnipeg, MB R3C 0P8

Enquiries: Please call
(204) 945-6444
Manitoba Toll Free:
1-800-782-0318

LEGAL NAME OF RETAIL DEALER	PROV. TOBACCO LICENSE NO.

NAME UNDER WHICH BUSINESS IS CONDUCTED

LOCATION ADDRESS	MAILING ADDRESS (IF DIFFERENT)

SECTION A   DETAILS OF LOSS

DATE OF LOSS	YR.	MO.	DAY		

REASON FOR REFUND ☐ Theft ☐ Fire ☐ Other (specify)

CITY POLICE INCIDENT NO.	**OR** R.C.M.P. FILE NO.	DETACHMENT

Include Copy of Theft Confirmation Report

When submitting Application for Refund please indicate:
- **cigarettes** – quantity per package/carton
- **loose tobacco/snuff** – quantity per tin/pouch
- **cigars** – quantity per package and brand name

SECTION B   SUPPORTING INFORMATION/DOCUMENTATION

To support this claim you must provide:

- A satisfactory explanation of the method used to calculate the loss.
Included shall be any working papers as well as inventory counts.

- Copies of invoices for tobacco products prior to the date of loss.
The quantity shown on the invoices must equal or exceed the amount of claim and should be within 3 months of the date of loss.

SECTION C   INSURANCE COVERAGE

Have you made an insurance claim for this loss? ☐ No ☐ Yes
If "Yes", please provide a copy of the "Schedule of Loss" and a copy of the "Proof of Loss".

Is the Tobacco Tax Refund to be assigned to an Insurance company? ☐ No ☐ Yes

If "Yes", a blank "Assignment Form" (which is to be signed/authorized by the Retail Dealer) can be obtained from the Taxation Division and should be included with this claim.

SECTION D   RECOVERIES

Has any portion of the tobacco products being claimed been recovered? ☐ No ☐ Yes
If "Yes", please exclude these recoveries from your claim.

Should any recoveries take place after receiving payment on this claim, please notify the Taxation Division immediately!

Certification: I certify that the statements on this form are true and correct.

PRINT NAME	SIGNATURE	BUSINESS TELEPHONE NO.	DATE

MG 4146