

INFORMATION REQUEST

The Gasoline Tax Act
 The Motive Fuel Tax Act
 The Tobacco Tax Act

Manitoba Finance - Taxation Division

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 Web Site: www.gov.mb.ca/finance/taxation

Please complete the following questionnaire by answering all the questions and return it in the envelope provided. The information supplied in this questionnaire will be used to update your account.

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| Please Print In Block Letters | | | | | | | | | | | | | | | | | | | | |
| LICENCE NUMBER | | | | | | | | | | | | | | | | | | | | |
| TRADE NAME | | | | | | LEGAL NAME | | | | | | | | | | | | | | |
| MAILING ADDRESS - (Note - All forms and correspondence will be mailed to this address) | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | Telephone | | | | | | | | | | | | | |
| City/Town | | | | | Province | | | Postal Code | | | | | | | | | | | | |
| LOCATION OF BUSINESS - If the location of your business is different from your mailing address, please enter the correct location address in the space below. Include all business locations. Attach a schedule if space is not sufficient. | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | |
| City/Town | | | | | Province | | | Postal Code | | | | | | | | | | | | |
| Is your business incorporated? | | If Yes, enter date of incorporation | | Y | M | D | If your business operates on a seasonal basis, place an "x" in the box for the month(s) opened | | J | F | M | A | M | J | J | A | S | O | N | D |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | |
| Does your business include the following type of operations | | <input type="checkbox"/> Retail Pumps | | <input type="checkbox"/> Tobacco Retailer | | <input type="checkbox"/> Tobacco Manufacturer | | DATE BUSINESS COMMENCED | | | | | | | | | | | | |
| | | <input type="checkbox"/> Key/Card Lock | | <input type="checkbox"/> Tobacco Vending Machines | | <input type="checkbox"/> Tobacco Wholesaler | | Y | | | M | | | D | | | | | | |
| <input type="checkbox"/> Bulk Plant | | | | | | | | | | | | | | | | | | | | |
| Please list all your gasoline, motive fuel and tobacco suppliers. Attach a schedule if space is not sufficient. | | | | | | | | | | | | | | | | | | | | |
| Supplier's Name | | | | Supplier's Address | | | | | Product Type | | | | | | | | | | | |
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| TAXPAYER CONTACT - Should it be necessary to contact you for additional information, please enter the name and telephone number of the person to be contacted. | | | | | | | | | | | | | | | | | | | | |
| Name (Please Print) | | | | | | | Telephone | | | | | | | | | | | | | |
| E-mail | | | | | | | Fax | | | | | | | | | | | | | |

Certification

To the best of my knowledge, I hereby certify that the information provided in this questionnaire is accurate.

Authorized Signature _____ Date _____

Note: If any of the above information should change, please inform this office immediately.