



Service Nova Scotia
and Municipal Relations
Refund/Rebate Section
P. O. Box 1523, Halifax, Nova Scotia B3B 2Y3

APPLICATION FOR REBATE OF 8% PROVINCIAL COMPONENT OF HARMONIZED SALES TAX ON COMPUTERS PAID BY OR ON BEHALF OF PERSONS WHO ARE PHYSICALLY OR VISUALLY OR HEARING IMPAIRED OR MENTALLY CHALLENGED

PART A - Please complete the following:

Name of Claimant	
Mailing Address	Postal Code
Telephone Number	

PART B - Calculation of Tax Rebate

Total Amount of HST Paid	\$
Total Amount of Claim - (Either 8/15 or 8/14 of HST -Not to Exceed \$300.00)	\$

Total Tax Claimed \$ _____

PART C

Description of Computer
Brand/ Make _____ Model _____
Computer Serial Number _____

PART D - I hereby certify that the above information is correct to the best of my knowledge and belief.

Date	Name	Telephone Number	
			Signature _____

(please print)

Note:

A person who makes a false statement that is in contravention of the *Sales Tax Act* or the regulations is guilty of an offence against this *Act* or regulations.

For Office Use Only

Amount Claimed _____
Less Adjustments _____
Amount Approved _____
Authorized By _____

Date _____

June 30/06

Original of this fully completed form should be returned to:

**Service Nova Scotia and Municipal Relations
Program Management and Corporate Services
P. O. Box 755
B3J 2V4**

or, delivery to:

**Service Nova Scotia and Municipal Relations
1505 Barrington Street,
Halifax, Nova Scotia**

INSTRUCTIONS & INFORMATION

1. Complete all information required by this form. An incomplete application may result in it being returned thereby causing delay in processing the rebate claim.
2. A copy of your Bill of Sale or Invoice which shows the total purchase price and the amount of tax paid on the computer.
3. All documentation supporting this rebate must be retained by the claimant for audit purposes.
4. The rebate is limited to tax paid on computer hardware. Tax paid on computer software and stationary is not eligible for rebate.
5. A certificate of a medical practitioner attesting to the severity of the applicant's impairment or medical condition must be submitted with the rebate application.
6. No rebate shall be made unless the application for rebate is made within 24 months after the payment of tax in respect of which the rebate is claimed.
7. The Minister may, upon application authorize a rebate of an amount equal to the lesser of \$300.00 and the amount of tax paid by the applicant under subsection 165(2) of the *Excise Tax Act* (Canada) if the applicant is visually impaired, hearing impaired or physically or mentally challenged; or the applicant purchased the computer on behalf of a visually impaired, hearing impaired or physically or mentally challenged person.
8. Rebate forms are available by contacting 902-424-2850, at Access Nova Scotia Centres and on our web site at:
9. The rebate is limited to either 8/15 or 8/14 of Harmonized Sales Tax (HST) and is not to exceed \$300.00
10. The application of the 8/14 or 8/15 of the HST is dependent on the tax paid at time of purchase.

Example 1 :	Purchase Price of Computer	\$3,000.00
	HST Paid - (\$3,000.00 x 14%)	420.00
	Amount of Rebate (8/14 of \$420.00)	240.00

Example 2:	Purchase Price of Computer	\$4,000.00
	HST Paid - (\$4,000.00 x 15%)	600.00
	(8/15 of \$600.00)	320.00
	Amount of Rebate	300.00

Should you require further information or clarification, please contact.

**Department of Service Nova Scotia and Municipal Relations
Program Management and Corporate Services
P.O. Box 755
Halifax, NS B3J 2V4
or Telephone:
1-800- 565-2336 (toll free in Nova Scotia)**

CERTIFICATE

I, _____ certify that the patient, _____ is
(registered medical practitioner) (patient's name)

- visually impaired
- hearing impaired
- physically or mentally challenged

Registered Medical Practitioner's Name (please print) _____

Registered Medical Practitioner's Signature _____

Registered Medical Practitioner's Telephone Number: _____

Patient's Name (please print) _____

Date: _____

Rebate - Computers -July 22/05

