



For Office Use \$ _____

Receipt Based Refund Claim for Status Indians

(See Instructions, Conditions and Contact Information on Page 4)

Service Nova Scotia and
Municipal Relations
Refund Section
P O Box 1523, Halifax,
Nova Scotia B3J 2Y3

Application Form for Refund of Provincial Fuel Tax on Gasoline, Propane or Diesel Oil That was Purchased by a Status Indian on a Reserve

(The basis for this refund is the exemption provided by the federal *Indian Act*)

Identification of Applicant (Please print)

First Name	Middle Name	Last Name
Civic Address (Do not use a Post Office Box number. This must be your physical address)		
Postal Code		
Mailing Address (Please complete , if different from above)		
Postal Code		
Home Phone _____	Work Phone _____	
Fax Number _____	E-mail Address _____	
Driver's Licence Master # _____	Province of Issue _____	
Indian Band (Registry Group) _____	Based in Province of _____	
Band # _____	Registry # _____	

Are you registered under the Nova Scotia Indian Fuel Tax Exemption Program (NSIFTEP) ? Yes No

If Yes to the above question, please provide details if name or address used for that registration was different.

Name _____

Address _____

Is this your first application for a refund of Nova Scotia fuel tax ? Yes No

If No to the above question, please provide details if name or address used on last refund claim was different.

Name _____

Address _____

REFUND CLAIMED:

Period covered by claim From: Month _____ Year _____ To: Month _____ Year: _____

Total litres Purchased this period: _____ (Provide Details below)

PRODUCT - Check (x)

Gasoline___ Diesel Oil ___ Propane___ Aviation Fuel ___ Marine Fuel ___

_____ litres (gasoline) at _____ cents per litre \$ _____

_____ litres (diesel oil) at _____ cents per litre \$ _____

_____ litres (propane) at _____ cents per litre \$ _____

_____ litres (marine fuel) at _____ cents per litre \$ _____

_____ litres (aviation fuel) at _____ cents per litre \$ _____

Total Claim \$ _____

Fuel Tax Rates:

Gasoline (April 5/02 to Present) 15.5 cents per litre

Gasoline (April 30/94 to April 4/02) 13.5 cents per litre

Diesel Oil (April 30/94 to Present) 15.4 cents per litre

For Fuel Tax Rates Prior to April 30/94 and fuel tax rates for other types of fuel, please call 1-800-565-2336

Details of Purchases (Attach list if space is insufficient)

Fuel Supplier	Location	Date	Invoice No.	Litres
TOTAL LITRES				

CERTIFICATION

I hereby certify that:

- (1) The information provided in this application is true, complete and correct in every respect.
- (2) I am the person described on this form and entitled to the amount claimed.
- (3) The fuel purchases covered by this claim were for my own use and not for resale.
- (4) This amount has not been previously claimed.
- (5) All relevant records are available for inspection.
- (6) Copies of all invoices/documents are attached.

Signature of Applicant or Authorized Agent _____ Date_____

Note: It is a serious offence to make a false application for refund.

INSTRUCTIONS, CONDITIONS AND CONTACT INFORMATION

1. It is suggested that you submit a claim only when the amount of tax is \$100.00 or greater. Refund claims for less than \$100.00 should only be submitted on an annual basis.
2. Please provide a copy of your band card (front and back).
3. Ensure that your fuel purchases are either from service stations located on Reserves or bulk deliveries made to Reserves, in Nova Scotia.
4. If your fuel purchases were made on credit, please be advised that we may verify that the credit transactions have been paid in full.
5. For fuel purchases **prior to January 1, 2003**, a separate refund claim must be filed. Also, a special release must be signed by the claimant in respect of each Reserve on which the fuel was purchased. The appropriate release form(s) will be sent to you after receipt and review of your refund claim.
6. It is necessary to submit copies of all documents (e.g. invoices) that support your claim.
7. Sufficient records must be retained to support your claim and must be produced if requested by an auditor or other authorized official appointed under the *Revenue Act*.
8. For additional information, please call 1-800-565-2336.

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Audited By: _____		Date: _____	
Field Audit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Product/s _____			
Refundable Amount			
_____ litres at _____	cents per litre	\$ _____	
_____ litres at _____	cents per litre	\$ _____	
_____ litres at _____	cents per litre	\$ _____	
_____ litres at _____	cents per litre	\$ _____	
Total Claim:		\$ _____	
List Number _____	Date _____		
Recommended By: _____	Date _____		