

NOVA SCOTIA
Service Nova Scotia & Municipal Relations
PO Box 755 Halifax, Nova Scotia B3J 2V4

APPLICATION FOR TOBACCO TAX REFUND

PART A (Please Print)

Name:
Mailing Address:
Postal Code:
Telephone No.: () Fax No. ()
Location No.:
Permit No.:
GST/HST/BN No. Yes No If yes, please provide GST/HST/BN No
PART B Reason for Refund (Please Explain)
Date of Loss :
Explanation:
PART C - Insurance and Police Information
(a) Is there insurance coverage for all or any portion of the loss?
(b) If yes, please provide explanation of coverage, name of insurance company, agent's name and address and provide copy of proof of loss and/or settlement.
(c) Please provide the name of the police department investigating the loss and include name of officer ar file reference.

(d) Tobacco products recovered, if any:	
Please Note:	
Further information may be required with regard to a loss of physical receiving counts, sales figures etc.) And records must be available for a	
Any subsequent recoveries of monies or product for which a refund has of the Minister of Finance.	been granted becomes the property
<u>Certification</u>	
I hereby certify that all information given in this application and every does is true, correct and complete in every respect; I am entitled to the amount claimed; this amount has not been previously claimed; and all relevant records are available for inspection.	cument submitted in support thereof
Name (please print)	
(Area Code) Telephone Number: ()	
Signature:	Date:
A person who makes a false statement that is in contravention of the Reve offense against this Act or regulations.	enue Act or regulations is guilty of an

Instructions:

Products lost must be identified by type -e.g. cigarette, pre-portioned sticks or other. Copies of invoices for 60 days must be included. If more space is required, use additional page. Please supply copies of regular inventories. If you require additional information, please call (902) 424-2850 or toll free in Nova Scotia at 1-800-565-2336.

PART D - Details of Loss

* Attach copies of all invoices to support purchase of all tobacco products acquired during the 60 day period immediately preceding the date of loss and 14 days following the date of loss.

Product Lost	Quantity Lost	Tobacco Tax Rate	Total Amount of Tobacco Tax
Cigarettes (each)			\$
Fine Cut (grams)			\$
Pre-Proportioned Tobacco Sticks (each)			\$
Cigars (each)			\$
Plug Tobacco (grams)			\$
Chewing Tobacco (grams)			\$
Pipe Tobacco (grams)			\$
Snuff (grams)			\$
Other Tobacco			\$
			\$
TOTAL REFUND AMOUNT CLAIMED:	\$		

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PART E - Inventory
Inventory before tobacco loss (quantity - not monetary value) Date:
Cigarettes (each) -
Fine Cut (grams) -
Pre-proportioned tobacco sticks (grams) -
Other types eg. pipe tobacco, snuff, etc. (grams) -
Cigars (each) -
Inventory after tobacco loss - (quantity not monetary value) Date:
Cigarettes (each) -
Fine Cut (Grams) -
Pre-proportioned tobacco sticks (each) -
Other - eg. pipe tobacco, snuff etc. (grams) -
Cigars (each) -

FOR OFFICE USE ONLY

Total Claimed -			\$		
Adjustment (+ -)			\$		
Refund Approved			\$		
Date:					
Claim No.:					
File No.:					
Auditor/Compliance Officer - Reas	ons for adjustme	ent/s and any additio	nal information		
	Quantity	Tax Rate	\$Amount		
Cigarettes					
Fine Cut					
Pre-Proportioned Tobacco Sticks					
Other Tobacco					
Cigars					
		<u> </u>	<u> </u>		
Auditor/Compliance Officer		Date			
Supervisor		Date			
Manager/Director		Date			
Mail This Form To:					
Service Nova Scotia and Municipa Refund Unit P. O. Box 755 Halifax, Nova Scotia B3J 2V4 Telephone (902) - 424-2850 Or T		Scotia 1-800-565-23	<u>36</u>		

This Application Form is authorized by the Provincial Tax Commissioner.

March 17/06