



APPLICATION FOR REFUND OF TOBACCO TAX PAID ON PRODUCTS LOST DUE TO THEFT Tobacco Tax Act

INSTRUCTIONS:

- Complete PARTS A, B, C AND D (on Page 2) IN FULL and submit all required documentation with your claim. A refund cannot be processed without the required documentation.
A refund must be claimed within six years of the payment of tax.
Make a copy of this application form and all documents that you are submitting for your records.
If you have any questions, contact our Taxpayer Services Information Line at 604 660-4524 in the Vancouver area or toll free at 1 877 388-4440 from the rest of the province.

- Mail this form and all required documents to:

Ministry of Small Business and Revenue Consumer Taxation Branch PO Box 9628 Stn Prov Govt Victoria BC V8W 9N6

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the Motor Fuel Tax Act under the authority of both this Act and section 26 of the FOIPPA. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, Ministry of Small Business and Revenue, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) Email: FOI.QRYS@gov.bc.ca

CLAIMANT INFORMATION LEGAL NAME OF VENDOR REGISTRATION NO. BUSINESS NO. DOING BUSINESS AS MAILING ADDRESS CITY PROVINCE POSTAL CODE CONTACT NAME CONTACT PHONE NO. CONTACT FAX NO.

REFUND INFORMATION LOCATION OF THEFT POLICE CASE NO. POLICE CONTACT NAME POLICE CONTACT PHONE NO. DATE OF THEFT NAME OF INSURER INSURANCE COMPANY CONTACT NAME INSURANCE COMPANY CONTACT PHONE NO. TOTAL PRODUCTS STOLEN Cartons of Cigarettes Grams of Loose Tobacco Packages of Cigars Other

CLAIMANT DECLARATION I declare that all information provided on this form and in the attached documents is true and correct to the best of my knowledge and belief. I acknowledge that any false information may result in prosecution, a fine of up to \$10,000 and/or imprisonment for up to two years. By signing this declaration, I authorize the Consumer Taxation Branch to contact third parties, such as the police and my insurance company, to verify the information I have provided. NAME ORGANIZATION POSITION/TITLE SIGNATURE DATE SIGNED

REQUIRED DOCUMENTATION

A refund cannot be processed without the required documentation. If you answer "No" to any of these, you must provide an explanation as to why you are not submitting the documentation. For instance, if you cannot provide proof that you were paid out by your insurance company because you are not making a claim to your insurance company, you must provide a statement to that effect.

You may be requested to provide additional documentation. **Your claim may be adjusted or rejected if the documentation does not support your claim.**

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1. **All original** purchase receipts for the six weeks prior to the theft. Photocopies will not be accepted, except under exceptional circumstances. The originals will be returned to you after your refund request is processed. Purchase receipts must clearly establish that you purchased enough tobacco products in the six weeks prior to the theft to substantiate your loss, after accounting for weekly sales figures. Receipts older than six weeks will not be accepted, except under exceptional circumstances. Receipts dated after the theft date will not be accepted.

Submitted YES NO – If NO, explain:

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2. If you purchase your products from a wholesaler, such as Costco or the Real Canadian Wholesale Club, a copy of the front and back of the membership card. Any names, numbers, or other information on the card must be clearly readable.

Submitted YES NO – If NO, explain:

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3. Proof that you were the purchaser of the tobacco products identified in your claim. If you (or your business) are identified by name on your purchase receipts, the receipts are acceptable. If you are not identified by name, you must submit credit card receipts, copies of cancelled cheques or some other confirmation that you purchased the products. A notarized statement will be accepted if you are unable to provide any other documentation.

Submitted YES NO – If NO, explain:

D

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4. A Proof-of-Loss or Schedule of Loss form that clearly identifies the **amount** and **specific brand names** of each product stolen. This document **must be signed by your insurance agent**. For loose tobacco, you must identify the type, the number of packages and the number of grams per package. For cigars, you must identify the brand name, the number of packages and the number of cigars per package. If you are not making a claim to your insurance company, this document must be notarized.

Submitted YES NO – If NO, explain:

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5. A copy of the Police Report that was completed at the time of the theft and a copy of the Alarm Report from your alarm company for the date of the theft.

Submitted YES NO – If NO, explain:

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6. Confirmation from your insurance company that your claim has been paid.

Submitted YES NO – If NO, explain:

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7. If you are claiming a refund for more than 100 cartons of cigarettes, summarized copies of your sales tapes for the six weeks prior to the theft. This must clearly indicate your sales of tobacco by product type; for example, cigarettes, loose tobacco products and cigars.

Submitted YES NO – If NO, explain: