

Certification	
I CERTIFY that the information provided above is TRUE in substance and in fact.	
Signature	Date

INVENTORY DECLARATION OF TOBACCO PRODUCTS

Collector _____ Inventory Taken-Date: _____ Time: _____

Address _____ Type of Operation: _____ Wholesale

Account # _____ Cash & Carry

Location of Stock At Old Tax Rates	Cut Tobacco # Grams	Cigarettes and Tobacco Sticks
(1) <u>On Hand</u>		
In warehouse	_____	_____
On shipping floor	_____	_____
(2) <u>In Transit</u>		
<u>Supplier</u> <u>Invoice #</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
(3) Total Quantities (Items 1 + 2)	_____	_____
(4) Tax Rate Increase (per gram or cigarette)	1.5 ¢	1.5 ¢
(5) Total Tax Payable (Items 3 x 4)	\$ _____	\$ _____
Total From Item 5	=\$ _____	
Less Commission (Item 5 x 0.0025)	=\$ _____	
Tax Remitted	=\$ _____	

I hereby certify that, to the best of my knowledge and belief, the information contained in this declaration is correct and all relevant facts have been revealed.

DATE _____ SIGNATURE _____

Please make cheques payable to the Minister of Finance