Saskatchewan Finance **Revenue Division**

Saskatchewan

2350 Albert Street, 2nd Floor Regina SK S4P 4A6 Toll-free: 1-800-667-7587 Regina Residents (306) 787-6645 Fax (306) 787-6653 sask.tax.info@finance.gov.sk.ca

First Nation Retailer Tobacco Products Inventory Declaration Form

Date and Time Inventory Counted:

Day Month Year

Time:

Retailer Information				
Business Name				
Contact	Phone Num	ber		
Mailing Address	Fax Number			
	Band Name			

Tobacco Inventory Count			
Cigarettes	Quantity (total individual cigarettes)		
Fine Cut Tobacco	Quantity (total number of grams)		

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