

**Rebate Application  
Computer Purchased By/For  
Physically, Visually or Hearing Impaired or Mentally Challenged Person  
Rebate Based on Provincial Portion of the HST**

**Eligibility Information**

Rebate is equal to the lesser of \$375.00 or the provincial portion of the Harmonized Sales Tax (HST) paid on the purchase of a computer by an eligible person or on behalf of an eligible person who is physically or visually or hearing impaired or mentally challenged. The rebate is provided to assist with the cost of modifying the computer for use by a person who is physically or visually or hearing impaired or mentally challenged.

The rebate is limited to tax paid on computer hardware. Tax paid on computer software or stationary is not eligible for rebate.

An applicant/purchaser must be able to provide satisfactory evidence that tax has been paid. The **Purchaser** of the computer is the **only party** entitled to the rebate.

An application for rebate must be made within 24 months from the date that the tax was paid.

**Documents required to be kept**

All documentation supporting this rebate must be retained for audit purposes.

**Instructions for completing the application**

1. Give your details.
2. Provide details of the computer.
3. Provide the cost of the computer. The rebate is limited to a maximum of \$375.00.
4. Attach a copy of the following documents to support your application:
  - a A copy of the bill of sale or sales invoice under which the computer was purchased showing the purchase price, HST paid, name of the seller and buyer, HST# of the seller and the make and model.
  - and**
  - b A certificate signed by a medical practitioner confirming that the applicant/purchaser or the person is physically or visually or hearing impaired or mentally challenged.

**Note:** Failure to supply the required documents may result in delays in processing or a denial of your application.

5. Before submitting the rebate application, review the application form to ensure that Sections 1, 2 & 4 are complete and that the certification in Section 5 is signed.

Allow two to four weeks for processing. If your application is not complete, it will take longer.

6. Return the original copy of the rebate application to:

**By Mail:**

Service Nova Scotia  
Refund Unit  
PO Box 1529  
Halifax, NS B3J 2Y4

**By Delivery:**

Service Nova Scotia  
Maritime Centre, 9<sup>th</sup> Floor North  
1505 Barrington Street  
Halifax, Nova Scotia

**For more information**

Website: [gov.ns.ca/snsmr/access/business/tax-commission/](http://gov.ns.ca/snsmr/access/business/tax-commission/)

Call: 902-424-6300 or 1-800-565-2336 toll free in Nova Scotia



**Service Nova Scotia**  
 Refund Section  
 PO Box 1529  
 Halifax, NS B3J 2Y4

**HST - Computer for Physically, Visually or  
 Hearing Impaired or Mentally Challenged**

**Rebate Application**  
 Please print clearly

**Eligible Person:** A person who is physically or visually or hearing impaired or mentally challenged.

**Rebate:** Equal to the provincial portion of the Harmonized Sales Tax (HST) paid on the purchase of a computer by an eligible person or on behalf of an eligible person.

**1. Give us your details**

Name	_____	Contact Name	_____
Civic	_____	Phone #	_____
Address	(Civic Number and Street/Road/Hwy) _____	Fax #	_____
Mailing	_____	Email Address	_____
Address	(PO Box or RR) _____		
City/Town	_____	Province	_____
Postal Code	_____		

**2. Provide details of the Computer**

Brand/Make \_\_\_\_\_ Model \_\_\_\_\_

Serial Number \_\_\_\_\_ Date of Purchase \_\_\_\_\_

General Description \_\_\_\_\_

**3. Attach medical certificate as confirmation of impairment or medical condition.** (see attached blank form)

**4. Enter your rebate information and attach supporting documentation** (See item 4 in instructions for required items)

	<u>Cost</u> <u>Before Tax</u>	<u>Rebate</u> <u>%</u>	<u>Rebate</u> <u>Amount</u>	<u>Maximum</u> <u>Rebate</u>
Computer	_____	10%	_____	\$375.00

**5. Sign the Certification** (See item 6 in instructions for delivery or mailing instructions)

**I HEREBY CERTIFY** that the information given in this application is true, complete and correct in every respect.

Name (*please print*): \_\_\_\_\_

Signature: \_\_\_\_\_

(Signature of Applicant)

Date: \_\_\_\_\_

**A person who makes a false statement in contravention of the *Revenue Act* or *Regulations* is guilty of an offence.**

**Office Use Only**

Claimed \$ \_\_\_\_\_ Adjustments \$ \_\_\_\_\_ Approved \$ \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_

## Medical Certificate

Please print clearly

### Certification

I certify that the patient \_\_\_\_\_ is  
(Last) (First) (Initial)

visually impaired.

hearing impaired.

physically or mentally challenged.

### Registered Medical Practitioner

#### Name

\_\_\_\_\_  
(Last) (First) (Initial)

\_\_\_\_\_  
(Signature) Phone Number \_\_\_\_\_

Date \_\_\_\_\_, 20\_\_\_\_  
(Month) (Day)