

Retailer's Legal Name		Tobacco Licence #	
Retailer's Business or Operating Name		First Nation Reserve	
Retailer's Location Address		Postal Code	
Retailer's Mailing Address		Postal Code	
Claim for the Period		Page _____ of _____	
MONTH	YEAR		
Date of Purchase <i>mm/dd/yy</i>	Wholesale Tobacco Supplier	Invoice Number	Tobacco Tax Portion of Purchase
Sub-Total carried over from previous page			
Total (carry forward total if additional pages required)			
Information below is required on final page only.			
<b>Retailer Certification:</b> On behalf of the above licenced Tobacco retailer I hereby certify that I am an owner or an authorized employee or representative of the Retailer and the information provided in this Summary of the Retailer’s monthly Tobacco purchases is correct and complete, and includes all credit notes for Tobacco returns and allowances made during the month. I further certify that all Tobacco products described on the attached invoices were received at the retail dealer’s location on the above named First Nation reserve where the Tobacco products were sold or are for sale only to purchasers for their personal consumption.			
Individual Preparing This Report (please print)			Phone Number
Signature			Date
Title			
<b>Retailer:</b> Please submit this completed Summary of your monthly wholesale Tobacco purchases and the supporting wholesale Tobacco purchase invoices/credit notes, to your Band Administrator.			
<b>Band Administrator:</b> Please forward the Retailer’s completed monthly Summary and the supporting wholesale Tobacco purchase invoices/credit notes, to:			
Refunds Unit, Manitoba Finance, Taxation Division 101 - 401 York Avenue, Winnipeg, MB R3C 0P8			
Questions or concerns? Please contact the Refunds Unit at (204) 945-6444 or MB Toll-Free at 1-800-564-9789			