

The Tobacco Tax Act
Application for Refund – Loss of Tobacco Products



Forward application to: Manitoba Finance
 Taxation Division
 Room 101 Norquay Building
 401 York Avenue
 Winnipeg, MB R3C 0P8

Enquiries: Please call
(204) 945-6444
 Manitoba Toll Free:
1-800-564-9789

Legal Name of Retail Dealer		Tobacco Licence No.	
Name Under Which Business is Conducted			
Location Address		Mailing Address (If Different)	
Postal Code		Postal Code	

SECTION A					DETAILS OF LOSS		
Date of Loss	Yr.	Mo.	Day	Reason for Refund <input type="checkbox"/> Theft <input type="checkbox"/> Fire <input type="checkbox"/> Other (specify)			
City Police Incident No.			OR	R.C.M.P. File No.		Detachment	
Include Copy of Theft Confirmation Report				When submitting Application for Refund, please indicate:			
<ul style="list-style-type: none"> • Cigarettes – quantity per package/carton • Loose tobacco/snuff – quantity per tin/pouch • Cigars – quantity per package and brand name 							

SECTION B	SUPPORTING INFORMATION/DOCUMENTATION
To support this claim you must provide: <ul style="list-style-type: none"> • A satisfactory explanation of the method used to calculate the loss. Included shall be any working papers as well as inventory counts. • Copies of invoices for tobacco products prior to the date of loss. The quantity shown on the invoices must equal or exceed the amount of claim and should be within 3 months of the date of loss. 	

SECTION C	INSURANCE COVERAGE
Have you made an insurance claim for this loss? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", please provide a copy of the "Schedule of Loss" and a copy of the "Proof of Loss".	
Is the Tobacco Tax Refund to be assigned to an Insurance company? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", a letter, signed by the Retail Dealer, authorizing the assignment and stating the name and address of the Insurance company must be included with this claim.	

SECTION D	RECOVERIES
Has any portion of the original loss been recovered? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", please exclude these recoveries from your claim.	
Should any recoveries take place after receiving payment on this claim, please notify the Taxation Division immediately.	

Certification: I certify that the statements on this form are true and correct.	
Print Name	Signature
Telephone No.	Date