



Finance

**First Nation Tobacco Refund Limit Program  
Retail Dealers**

Manitoba Finance  
Taxation Division  
101 - 401 York Avenue  
Winnipeg, MB R3C 0P8  
(204) 945-6444  
MB Toll-Free 1-800-564-9789

<b>Retailer's Legal Name</b>	<b>Tobacco Licence #</b>

<b>Retailer's Business or Operating Name</b>	<b>First Nation Reserve</b>

<b>Retailer's Location Address</b>	<b>Postal Code</b>

<b>Retailer's Mailing Address</b>	<b>Postal Code</b>

<b>Individual Preparing Report</b> (please print)	<b>Phone Number</b>	<b>Claim for the Period</b>	
		MONTH	YEAR

Line #	CALCULATION OF TAX REFUND CLAIM AMOUNT	Cigarettes		Loose Tobacco	Cigars
		Total Packages		Total Grams	Total Packages
		25's	20's		
1	Total Tax Exempt Sales (from Schedule A, enter also at Line 9 below)				
2	Tax Rate	x	x	x	x
3	Tax Paid	\$	\$	\$	\$
4	<b>Total Tax Refund Requested</b> (total of amounts on Line 3)	<b>\$</b>			

Line #	RECONCILIATION OF PHYSICAL STOCK WITH TOTAL SALES	Cigarettes		Loose Tobacco	Cigars
		Total Packages		Total Grams	Total Packages
		25's	20's		
5	Opening Inventory (Line 7 of previous claim)				
6	Add Purchases (from Schedule B)				
7	Less Ending Inventory (from inventory count at end of this claim period)				
8	<b>TOTAL CIGARETTE PACKAGES &amp; LOOSE TOBACCO SOLD</b> (Line 5 + Line 6 - Line 7) TOTAL MUST AGREE WITH LINE 11 BELOW				
9	Total Tax Exempt Sales (from Schedule A, see Line 1)				
10	Add Total Taxable Sales (sold to non-Status this claim period)				
11	<b>TOTAL CIGARETTE PACKAGES &amp; LOOSE TOBACCO SOLD</b> (Line 9 + Line 10) TOTAL MUST AGREE WITH LINE 8 ABOVE				

**CERTIFICATION**

I hereby certify that the information given in this claim and in any documents attached is true, correct, and complete in every respect for the period covered by this claim

<b>AUTHORIZED SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

Additional Forms or Schedules Required?	Quantity
Form - Tobacco Refund Limit Program Retail Dealers	
Schedule A - Sales of Tax Exempt Tobacco to Status Indians	
Schedule B - Tobacco Purchases	