

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	
Individual Preparing Report (please print)			Phone Number		Claim for the Period	
			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	Total Tax Refund Requested (total of amounts on Line 3)		\$			
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	TOTAL CIGARETTE PACKAGES & LOOSE TOBACCO SOLD					
	(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	TOTAL CIGARETTE PACKAGES & LOOSE TOBACCO SOLD					
	(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						
AUTHORIZED SIGNATURE			TITLE		DATE	
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						
04/13 Or contact the Refunds Unit at (204) 945-6444 (Winnipeg) or Manitoba Toll Free 1-800-564-9789						