



WHOLESALE APPLICATION FOR REFUND OF TOBACCO TAX

under the Tobacco Tax Act

INSTRUCTIONS

- Retailers please use Retailer Application for Refund of Tobacco Tax Paid on Products Lost Due to Theft (FIN 371).
• Complete PARTS A, B, C, D, E AND F (on Page 2) and submit all required documentation with your claim.
• Make a copy of this application form and all documents that you are submitting for your records.
• See Page 2 for the required supporting documents to be included with your refund application.
• A refund application must be received by the ministry within four years from the date the security was paid.

- If you have any questions, call us toll-free at 1-877-388-4440 or 250-387-9115.
• Mail this form and all required documents to: Ministry of Finance Tobacco Tax Section PO Box 9442 Stn Prov Govt Victoria BC V8W 9V4

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the Tobacco Tax Act under the authority of both this Act and section 26(a) of the FOIPPA.

PART A - APPLICANT INFORMATION

1 LEGAL ENTITY
2 PERMIT NUMBER
3 BUSINESS NUMBER (9 digits)
4 MAILING ADDRESS (include street or PO box, city, province and postal code)
5 CONTACT NAME CONTACT TELEPHONE NUMBER CONTACT FAX NUMBER

PART B - AUTHORIZATION OF A THIRD PARTY REPRESENTATIVE

Complete this section if you authorize the ministry to discuss your refund application with a third party representative (such as an external accountant, bookkeeper or consultant).

NAME OF REPRESENTATIVE (individual and/or firm) TELEPHONE NUMBER

PART C - EMAIL AUTHORIZATION

If you authorize the ministry to communicate with you or a third party representative by email, enter the email address below. Although we will take reasonable steps to protect all information once received, we cannot guarantee the absolute safety of personal information during transmission by email.

APPLICANT CONTACT EMAIL ADDRESS REPRESENTATIVE EMAIL ADDRESS (if applicable)

PART D - REFUND INFORMATION

Check (✓) the reason for refund:

THEFT DAMAGE FIRE OTHER If OTHER, describe:

LOCATION OF INCIDENT DATE OF INCIDENT YYYY / MM / DD

TOTAL PRODUCT FOR REFUND

CARTONS OF CIGARETTES PACKAGES OF CIGARS GRAMS OF LOOSE TOBACCO UNITS OF HEATED TOBACCO PRODUCTS

PART E – REQUIRED DOCUMENTATION

A refund cannot be processed without the required documentation. If you do not have the required documentation, provide an explanation below. **Your claim may be adjusted or rejected if the documentation does not support your claim.**

THEFT

- Copies of original invoices
- Copies of credit memos issued to the retailer (if applicable)
- Copy of the police report
- Name of police officer and contact telephone
- Internal incident report
- Driver or witness statement
- Insurance information

FIRE

- Copies of original invoices
- Copies of credit memos issued to the retailer (if applicable)
- Copy of the fire report
- Product manifest
- Insurance information (optional)

DAMAGE

Destruction of damaged or stale dated tobacco must be witnessed by a BC government official

- Copies of original invoices
- Copies of credit memos issued to the retailer (if applicable)
- Site inspection report by a BC government official
- Internal incident report

OTHER

- Copies of original invoices
- Copies of credit memos issued to the retailer (if applicable)
- Copy of the Certificate of Destruction witnessed by a BC government official

If you do not have the required documentation, provide an explanation:

PART F – CLAIMANT DECLARATION

I declare that all information provided on this form and in the attached documents is true and correct to the best of my knowledge and belief. I acknowledge that any false information may result in prosecution, a fine of up to \$10,000 and/or imprisonment for up to two years.

By signing this declaration, I authorize the Consumer Taxation Programs Branch to contact third parties, such as the police and my insurance company, to verify the information I have provided.

SIGNATURE OF SIGNING AUTHORITY

NAME OF SIGNING AUTHORITY

TITLE

DATE SIGNED
YYYY / MM / DD

X