



Protected B (when completed)

TOBACCO TAX REFUND APPLICATION SMOKELESS TOBACCO INVENTORY DECLARATION

To be completed by a retailer or wholesaler (non-collector) applying for a refund of tobacco tax on smokeless tobacco inventories as of close of business on February 28, 2022 or before opening on March 1, 2022. The total inventory amount should include all stock purchased at the previous tax rate that is physically on the property. **Detailed inventory count sheets must be retained and made available upon request.**

Refer to Special Notice Vol. 3 No. 18 - Budget 2022 Implementation of New Category and Tax Rate for Smokeless Tobacco for more information including the definition of smokeless tobacco.

Email the completed form to Tax and Revenue Administration at tra.revenue@gov.ab.ca on or before February 28, 2023. If approved, a cheque will be issued to the mailing address noted below.

If you require assistance, phone 780-427-3044, or toll free: dial 310-0000 before the phone number (in Alberta).

1. Full Legal Name of Corporation, Partnership or Proprietorship:

2. Business or Operating Name (if different from full legal name):

3. Type of Ownership (please check):
 Corporation Proprietorship
 Partnership Other (please specify): _____

4. Mailing Address:

City/Town: _____ Province/State: _____ Postal/Zip Code: _____

5. Contact Information:
Name: _____ Position: _____
Telephone: _____ E-mail: _____

6. Enter the total number of physical locations and amount of smokeless tobacco in inventory.

	Total Physical Locations	Total Inventory as of 12:01 am on March 1, 2022 (grams) (A)	Difference in Tax Rate (per gram) (B)	Refund Amount (\$) (A x B)
Smokeless Tobacco	_____	_____	\$ 0.1375	<input type="text"/>

7. Enter the addresses of all physical locations where smokeless tobacco inventory is held. If you have more than three locations, attach a listing of the addresses for each location.

	Address Line 1	Address Line 2	City/Town	Postal Code
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

CERTIFICATION

This form must be signed and dated by an individual with proper authorization for the business, for example, an owner, a partner of a partnership, a corporate director, a trustee of an estate or an individual with delegated authority.

By signing and dating this form, you certify that the information on this form and in any attached supporting documents is correct and complete.

The individual signing this form is:

- an owner a corporate director a partner of partnership a trustee of an estate
 an individual with delegated authority

E-mail Address: _____ Telephone: _____

Name: _____ Signature: _____