

# LIQUOR CONSUMPTION TAX AND/OR VAPOUR PRODUCTS TAX RETURN

DO NOT Use Staples or Paperclips

Account Number	Business Number	Return Period	Electronic Due Date	Non-Electronic Due Date	Last Payment Received	Last Return Processed:
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Legal Name: \_\_\_\_\_

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

I certify the information contained herein is to the best of my knowledge accurate



LCT 3 21 01 999999999 00000000

- If no tax is due, a return must still be filed.
- Please print in blue or black ink.
- Please keep a copy of your return for your records.
- Penalty and interest are applied to returns filed and paid after the applicable due date based on the method received.



**Amended Return**

This box must be checked to amend the return previously filed. The amended return must be a complete return identifying the total revised amount, not just the amended fields.

**Liquor Consumption Tax (Fill out Boxes A to F)**

**A. Liquor Consumption Tax Collected on Sales for Off-Site Consumption**

Enter the total tax collected on retail sales for the reporting period.

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**B. Resale Levy Collected**

Enter the total resale levy collected on sales to special occasion permit holders for the reporting period.

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**C. Liquor Consumption Tax Collected on Sales for On-Site Consumption**

Enter the total tax collected on restaurant, tavern, manufacturer and special use sales for the reporting period.

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**D. Total Liquor Consumption Tax Collected**

Box A plus Box B plus Box C.

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**E. Tax on Own Liquor Consumption**

Total tax payable on liquor taken from stock or purchased for own use for the reporting period.

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**F. Total Liquor Consumption Tax Payable**

Total Liquor Consumption Tax Collected (Box D) plus Tax on Own Liquor Consumption (box E).

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**G. Total Liquor Consumption Tax and/or Vapour Products Tax Balance Owning**

This amount is for both Liquor Consumption Tax and Vapour Products Tax. Please refer to SETS for balance inquiries.

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**H. Total Remittance Enclosed**

Total Liquor Consumption Tax and/or Vapour Products Tax paid with your return. If no tax is payable, a "Nil" return must be filed by entering a zero in Box F and/or Box K.

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▲ Detach at the perforation and return the stub below with your new information. ▲

## Change Notification



**Business Closed:** (Check the box & provide details below)

Date of Closure: YYYYMMDD
Reason for Closure:

**If business was sold, please provide details below.**

Purchaser Name:
Purchaser Phone Number:

**Address /Name Change:** (Check the box & provide details below)



**Mailing**



**Location**



**Business Name**

Business Name (If Applicable):			
Suite Number:	Street or Post Office Box		
City:	Province:	Postal Code:	
Phone Number:			