

Application for Refund Tobacco Competition Assistance Program

Ministry of Finance
Revenue Division
PO Box 200
Regina, SK S4P 2Z6
Toll Free 1-800-667-6102
Regina (306)787-6645
SaskTaxInfo@gov.sk.ca

Part A – Applicant Information			
Business Name (First Name/Last Name if individual(s))		Federal Business Number	
Mailing Address			Postal Code
Contact Name		Title	
()	()		
Telephone No	Fax No.	E-mail Address	
Part B – Refund Information			
Refund Period:			
From (YYYYMMDD):	<input type="text"/>	To (YYYYMMDD):	<input type="text"/>
	Zone "A"	Zone "B"	Zone "C"
Total Units Sold			
Assistance Rate (per Unit)	1.5¢	0.75¢	0.375¢
Total Competition Assistance by Zone			
TOTAL COMPETITION ASSISTANCE CLAIM			
Name & Address of Nearest Competition in Alberta _____			
<ul style="list-style-type: none"> Only Cigarettes and Tobacco Sticks are eligible for assistance Refund claims must be received by the Ministry of Finance within four years from the date of overpayment Purchase invoices and a sales summary must be provided with the application to support the claim Complete a direct deposit form and submit it with your application. 			
Part C – Certification			
I certify that the information provided in support of this application is true in substance and in fact and that I am authorized to complete this application on behalf of the business named. I authorize the Ministry of Finance to verify any information contained in this form with any entity that holds such information.			
Applicant Name (please print)		Title	
Signature of Applicant		Date (YYYY-MM-DD)	

INSTRUCTIONS – TOBACCO COMPETITION ASSISTANCE PROGRAM

Part A – Applicant Information

Business Name – Provide the full legal name of the applicant who paid the tax. Invoices and any other documentation supporting the claim must correspond with the name of the applicant.

Federal Business Number – Provide your 9-digit federal business number.

Mailing Address – Provide your complete mailing address for Ministry correspondence.

Contact Information – Provide the name, title and contact information for the individual we may contact to discuss the application or to provide further information if required.

E-Mail Address – By providing the email address, you consent to the use of this email address for exchange of information in relation to this refund request. It is your responsibility to advise the Ministry of Finance if this email address changes or should no longer be used for communication purposes.

Part B – Refund Information

Refund Period – Where the refund request pertains to a number of transactions, please provide the start and end date for the refund period.

Zone “A”, Zone “B”, Zone “C” – enter total number of units of Cigarettes and/or Tobacco Sticks purchased per invoice. Further information can be found in *Information Bulletin TT-2* regarding Tobacco Competition Assistance.

Total Units Sold – Total units sold in the period.

Total Competition Assistance by Zone – Total Units Sold x Assistance Rate

Total Competition Assistance Claim – sum of all “Total Competition Assistance by Zone”

Name and Address of Nearest Competition in Alberta – Provide the name, city and street address of your nearest competition in Alberta. The level of assistance is based on the tax rate differential between Saskatchewan and Alberta and the shortest distance as measured by a public road between the tobacco retailer and the nearest competition in Alberta

Part C – Certification

The signature of an authorized individual is required. If a representative is submitting the application on behalf of a client, a completed [Business Consent Form](#) must also be provided.

Submitting your Refund Application

Your completed refund application, along with supporting documentation such as copies of invoices and other relevant documents, may be mailed or e-mailed to the address provided on the top left of the refund application form. Further information can be found in *Information Bulletin TT-2* regarding Tobacco Competition Assistance.