



Business name _____	
Mailing Address _____	
City _____	
Province _____	Postal Code _____

**Send this completed return to:**  
**CANADA REVENUE AGENCY**  
**OTHER LEVIES DIVISION**  
**SUMMERSIDE TAX CENTRE**  
**275 POPE ROAD, SUITE 101**  
**SUMMERSIDE, PE C1N 6E7**

**1** Business Number

**2** Period covered (YYYY/MM/DD)  
 From  To

**3** Due date of return (YYYY/MM/DD)

Description - add any missing descriptions	Quantity (L)	Code	Duty Payable
Wine > 7 % (L)	00	<b>49570</b>	<b>4</b>
Wine > 1.2 % but not > 7 % (L)	00	<b>49569</b>	<b>5</b>
Wine ≤ 1.2 % (L)	00	<b>49568</b>	<b>6</b>
<b>TOTAL (4 to 6) ▷</b>			<b>7</b>
<b>Refunds (B256 attached)</b>			<b>8</b>
<b>Net payable (7 minus 8)</b>			<b>9</b>
<b>Amount due</b>			<b>10</b>
<b>Payment herewith/ credit due</b>			<b>11</b>

Client contact name _____	Telephone number _____
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**CERTIFICATION**

I \_\_\_\_\_  
 Print name Title

hereby certify that the information in this return is true, correct and complete.

\_\_\_\_\_  
 Signature Date Telephone number

**CHANGE OF NAME AND/OR ADDRESS**

Corrected or new name of licensee (Please print)

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New mailing address (Please print)

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New address for books and records (Please print)

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New contact name (Please print)	Title (Please print)
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New telephone number  
(      )

Language of future correspondence

English       French

Effective date of above change(s)

Year	Month	Day

<p>Business closed as of</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;">Year</td> <td style="text-align: center; width: 33%;">Month</td> <td style="text-align: center; width: 33%;">Day</td> </tr> <tr> <td style="text-align: center;">     </td> <td style="text-align: center;">   </td> <td style="text-align: center;">     </td> </tr> </table>	Year	Month	Day				<p>Reason</p> <hr/> <hr/>
Year	Month	Day					

**ADDITIONAL MATERIAL REQUIRED**

Please check here for additional:

<input type="checkbox"/> Remittance vouchers	<input type="checkbox"/> Return envelope (Pre-addressed) GST394	<input type="checkbox"/> Remittance envelope (Blue band) T1190
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Business name

1 Business Number

2 Period covered (YYYY/MM/DD) From To

WINE

	> 7 %	> 1.2 % but not > 7 %	≤ 1.2 %
	Litres	Litres	Litres
Opening balance ▷	00	00	00 A)

ADDITIONS TO BULK INVENTORY

Produced in a month	00	00	00
Receipts from	Wine licensees	00	00
	Licensed users	00	00
Imported	00	00	00
Packaged wine returned to bulk wine inventory	00	00	00
Total additions ▷	00	00	00 B)

REDUCTIONS TO BULK INVENTORY

Removed to	Wine licensees	00	00	00
	Licensed users	00	00	00
Exported		00	00	00
Packaging activities	Packaged - Duty Paid	00	00	00
	Packaged - Exempt 100 % Canadian	00	00	00
	Marked special container	00	00	00
Other	Non-duty-paid (Specify)	00	00	00
	Duty-paid (Specify)	00	00	00
Total reductions ▷		00	00	00 C)

Inventory adjustments (+ or -) ▷ 00 00 00 D)

Closing balance (A+B-C+D) ▷ 00 00 00 E)

For the period covered by this return, do you qualify as a small producer as per the Excise Act, 2001?

Yes No