



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

**Send this completed return to:**  
**CANADA REVENUE AGENCY**  
**EXCISE & OTHER LEVIES UNIT**  
**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(LAA) / (L)	Code	Duty Payable	
Spirits > 7 % (LAA)		00 49540		<b>4</b>
Spirits ≤ 7 % (L)		00 49542		<b>5</b>
Imported spirits to Licensed users (LAA)		00 49571		<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

Business closed as of <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				Reason <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

SPIRITS

Opening balance Litres absolute ethyl alcohol (LAA) 00 A)

ADDITIONS TO BULK INVENTORY

Table with 4 rows: Spirits produced, Received from spirits licensees/licensed users, Imported, Packaged spirits returned to bulk. Total additions 00 B)

REDUCTIONS TO BULK INVENTORY

Table with 10 rows: Registered users, Licensed users (Domestic, Imported), Denatured spirits (Fuel grades DA-2F, DA-2G, Other), Specially denatured spirits, Exported, To packaging (Non-duty-paid: > 7% absolute ethyl alcohol, <= 7% absolute ethyl alcohol by volume, Marked special containers; Duty-paid (packaged)), Bulk spirits returned to spirit production, Other (Non-duty-paid (Specify), Duty-paid (Specify)). Total reductions 00 C)

Inventory adjustments (+ or -) 00 D)

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