

**EXCISE ACT**  
**APPLICATION FOR REFUND/DEDUCTION**

Protected once completed  
Page 1 of 2

Business name	
Mailing address	
City	
Province	Postal code

Send this completed application to:  
CANADA REVENUE AGENCY  
OTHER LEVIES DIVISION  
SUMMERSIDE TAX CENTRE  
275 POPE ROAD  
SUMMERSIDE PE C1N 6E7

1 Business Number

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

3 Language of communication  
English  French

**4. REFUND AMOUNTS**

Commodity	Refund code	Entry numbers		Quantity	Amount Claimed
		From	To		
Beer ≤ 1.2% (not more than 1.2%)	4954501				
Beer > 1.2% but ≤ 2.5% (2.5% or less)	4954601				
Beer > 2.5% (more than 2.5%)	4954701				

**5. TOTAL AMOUNT CLAIMED**

**6. REFUND OPTIONS**

Select one of the following options:

I want to receive the refund by cheque or direct deposit (see instructions on page 2).

Transfer \$  to the following Business Number and filing period end:

Enter Business Number (15 digits)

Filing period ending  
 YYYY MM DD

Contact name Telephone number

**CERTIFICATION**

I, \_\_\_\_\_  
 Print name Title  
 certify that the amount claimed or any part of it has not been claimed before and the information on this application is correct and complete.

\_\_\_\_\_  
 Signature Date (YYYY/MM/DD) Telephone number

Form prescribed by the Minister of National Revenue

N10 E (09)

Disponible en français

Personal information provided on this form is protected under the provisions of the Privacy Act and is maintained under Personal Information Bank number CRA LPRAB 075

## INSTRUCTIONS FOR PAGE 1

Use this form to claim a refund under the *Excise Act*. **Do not attach receipts or other documents.** Keep them in your records as we may ask to see them later.

<b>Identification</b>	Enter the legal name and mailing address of the business. For sole proprietorships and partnerships, enter the first and last names of the individuals. For corporations, enter the legal name as stated on the articles of incorporation.
<b>1. Business Number</b>	Enter the Business Number that was assigned to you for refund purposes. If this application for a refund/deduction relates directly to your Excise Duty Account, enter that Business Number.
<b>2. Period covered</b>	<p>a) If the refund is in reference to a specific filing period of a return, enter the first day of the month in the "From" box and the last day of the month in the "To" box.</p> <p>b) If the refund is in reference to several filing periods of a return, enter the first day of the first period in the "From" box and the last day of the last period covered by this claim in the "To" box.</p> <p>c) If the refund is in reference to one or several transactions, enter the date of the first transaction in the "From" box and the date of the last transaction in the "To" box. If the claim is in reference to a single event, enter the date of the event in the "From" and "To" boxes.</p>
<b>3. Language of communication</b>	Check the appropriate box.
<b>4. Refund amounts</b>	Enter the entry number(s), quantity, and amount(s) claimed in the appropriate Commodity row(s) using the following formula: Amount Claimed = Quantity x Rate.
<b>5. Total amount claimed</b>	Add section 4 amounts, and enter the total claim amount in box 5.
<b>6. Refund options</b>	Select the option that describes how you want your refund issued or applied. If this is the first time you are requesting direct deposit or if your direct deposit information has changed, complete and return Form E664, <i>Direct Deposit Request</i> , which can be found at <a href="http://www.cra-arc.gc.ca/E/pbg/ef/e664">www.cra-arc.gc.ca/E/pbg/ef/e664</a> .
<b>Contact name and telephone number</b>	Enter the name and telephone number of the individual we can contact for information about the application.
<b>Certification</b>	An authorized person must sign this application certifying that the information provided on it is correct and complete. We will only process the application if this section has been completed.
<b>Note:</b>	
Subsection 42(5) of the <i>Excise Act</i> specifies that a refund will not be paid unless you file this application within three (3) years of the day on which the amount was paid.	
If you have any questions about filing this application for a refund/deduction, you can call us toll free from anywhere in Canada or the United States at <b>1-877-432-5472</b> (bilingual service).	