

**EXCISE TAX ACT
APPLICATION FOR REFUND/REBATE**

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 <input type="checkbox"/> French <input type="checkbox"/>
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4. REASON FOR REFUND – Select only one reason per application

1 <input type="checkbox"/> Export of vehicles (complete form N15-1)	5 <input type="checkbox"/> Motor fuel purchased by diplomats	9 <input type="checkbox"/> Payment where warranty
2 <input type="checkbox"/> Exported goods	6 <input type="checkbox"/> Diesel fuel used in the generation of electricity	10 <input type="checkbox"/> Use by province
3 <input type="checkbox"/> Goods in inventory at time of licensing	7 <input type="checkbox"/> Tax paid in error	11 <input type="checkbox"/> Use as ships' stores
4 <input type="checkbox"/> Subsequent exempt sale	8 <input type="checkbox"/> Drawbacks	12 <input type="checkbox"/> Other reason – Specify: _____

5. REFUND AMOUNTS

Commodity	Refund code	Quantity	Amount claimed
Motor fuels			
Diesel fuel	4914801		
Leaded gas (X aviation)	4936001		
Unleaded aviation gas	4936201		
Leaded aviation gas	4936301		
Aviation fuel	4936401		
Gasoline tax – Excise	4936501		
Green levy / Air conditioning			
Air conditioner	4936101		
Fuel inefficient vehicle ≥ 13	4939401		
Fuel inefficient vehicle ≥ 14	4939402		
Fuel inefficient vehicle ≥ 15	4939403		
Fuel inefficient vehicle ≥ 16	4939404		
Insurance			
Insurance premiums	4921501		

6. TOTAL AMOUNT CLAIMED

7. 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: YYY Y MM DD

| | | | | | | | | | | | | | |

Contact person	Telephone number
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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 Ext.

INSTRUCTIONS FOR PAGE 1

Use this form to claim a refund under the *Excise Tax Act*.

Do not attach receipts or other documents. Keep them in your records as we may ask to see them later.

Identification	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.
1. Business Number	Enter the Business number that was assigned to you for refund purposes. If this refund/rebate relates directly to your Excise Tax Account, enter that Business number. If this is your first refund claim and it does not relate to your Excise Tax Account, enter your 9 digit Business number.
2. Period covered	<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>
3. Language of communication	Check the appropriate box.
4. Reason for refund	Select only one reason per application. If you choose reason 1 (Export of vehicles), you must also complete Form N15-1, <i>Excise Tax Act, Application for Refund/Rebate, Supplementary Information</i> .
5. Refund amounts	Enter the quantity and amount of refund(s) you are claiming in the appropriate Commodity row(s). If you are claiming a refund for any of the commodities under the Green levy / Air conditioning heading for exported vehicles, you must also complete Form N15-1, <i>Excise Tax Act, Application for Refund/Rebate, Supplementary Information</i> .
6. Total amount claimed	Add section 5 amounts, and enter the total amount claimed in section 6.
7. Refund options	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 www.cra.gc.ca/E/pbg/ef/e664/ .
Contact name and telephone number	Enter the name and telephone number of the individual we can contact for information about the application.
Certification	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.
Note:	<p>Subsection 68(1) of the <i>Excise Tax Act</i> specifies that a refund will not be paid unless you file this application within two (2) years of the day on which the amount was paid.</p> <p>If you have any questions about filing this application for a refund/rebate, you can call us toll free from anywhere in Canada or the United States at 1-877-432-5472 (bilingual service).</p>