

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"/> |
|--------------------------|---|--|

4. REASON FOR REFUND – Select only one reason per application

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

| | |
|---|-------------------------------|
| <input type="checkbox"/> I want to receive the refund by cheque or direct deposit (see instructions on page 2). | Filing period ending |
| <input type="checkbox"/> Transfer \$ _____ to the following Business Number and filing period end: | YYYY MM DD |
| Enter Business Number (15 digits) _____ | _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |

| | |
|----------------|------------------|
| Contact person | 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 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> |