



**Service Nova Scotia
and Internal Services**

Fuel and Tobacco Tax Returns
PO Box 1523
Halifax, NS B3J 2Y3

**Fuel Tax Casual Return
Self Assessment**
Phone: 902-424-6538 Fax: 902-424-0602

(Please print)

1. Give us your details

Business Name	(Individual or Company)	Authorized Contact
Civic Address	(Civic Number and Street/Road/Hwy)	Phone #
Mailing Address		Fax #
City/Town	Province	Email Address
Postal Code		Canada Revenue Agency Business #

2. Period Covered:

From: _____, 20____ to _____, 20____
 (Month) (Day) (Month) (Day)

3. Fuel Type

	Taxable Litres Consumed	Tax Rate	Tax Due
Gasoline	X	\$0.155 per litre	=
Diesel / Biodiesel	X	\$0.154 per litre	=
Propane (See note)			
Purchased by litre	X	\$0.070 per litre	=
Purchased by pound	X	\$0.078 per pound	=
		Total Tax Due	

Note:

Propane conversion factor: 1 litre = 1.12 pounds

4. Make Cheque payable to the Minister of Finance and mail to the address noted above.

Reason for filing a Fuel Tax Casual Return:

5. Sign the Certification

I HEREBY CERTIFY that I am a duly authorized official or agent of the applicant and that the information herein is true and correct in all respects and is fully supported by documentation on file.

Name (*please print*): _____ Title: _____

Signature: _____ Date: _____
(Signature of Individual or Authorized Officer)

A person who makes a false statement in contravention of the *Revenue Act* or *Regulations* is guilty of an offence.