

1. Give us your details

Business Name	(Name as Shown on Vendor Permit)	Authorized Contact	
Civic Address	(Civic Number and Street/Road/Hwy)	Phone #	
Mailing Address	(PO Box or RR)	Fax #	
City/Town	Province	Email Address	
Postal Code		Location #	(Location Number from Retail/Wholesale Permit)
		Permit #	(Permit Number from Retail/Wholesale Permit)

2. Provide date of loss: _____, 20____
 (Month) (Day)

3. Provide information on reason for refund claim

4. Provided details of your loss.

Type	Quantity Lost (Column 1)	Tax Rate (Column 2)	Vaping Substances Tax (Column 1 X Column 2)
Vaping Substance	milliliter	per milliliter	\$
	gram	per gram	\$
Vaping Devices	Selling Price (Total Per List)	Tax Rate 20% of the manufacturer's or importer's suggested retail selling price	Vaping Devices Tax \$
(Attach list by type, quantity and price)			
Vaping Packages	Selling Price (Total Per List)	Tax Rate The greater of 20% of the manufacturer's or importer's suggested retail selling price, and \$0.50 per milliliter or gram of included vaping substance	Vaping Packages Tax \$
(Attach list by type, quantity and price)			

Total Refund Claim \$

Note:

1. Products lost must be identified by type as outlined above.
2. Please provide an itemized list of vaping devices (Product description, packaging). Selling price is the manufacturer's or importer suggested retail selling price.
3. Attach copies of all invoices of all vaping products acquired during the 60 day period immediately preceding the date of the loss and the 14 days following the date of the loss.
4. Further information may be requested such as purchase orders, receiving counts, sales records.

5. Provide Inventory Before and After Loss

Type	Quantity Before Loss
Vaping Substance	ML Gram

Type	Quantity After Loss
Vaping Substance	ML Gram

Selling Price (Total Per List)
Vaping Devices
(Attach list of devices by type, quantity and price)

Selling Price (Total Per List)
Vaping Devices
(Attach list of devices by type, quantity and price)

Counted by _____
(Name)

Counted By: _____
(Name)

Selling Price (Total Per List)
Vaping Packages
(Attach list of packages by type, quantity and price)
Provide milliliters/grams of substance in each package

Selling Price (Total Per List)
Vaping Packages
(Attach list of packages by type, quantity and price)
Provide milliliters/grams of substance in each package

Counted by _____
(Name)

Counted By: _____
(Name)

6. Provide insurance information

Is there insurance coverage for all or any portion of the loss? Yes No

If **Yes**, provide details of insurance and attach a copy of the proof of loss.

Name of Insurance Company:

Policy Number:

Name of Insurance Agent _____

Phone #: _____

Fax #: _____

Email: _____

Civic Address:

(Civic Number and Street/Road/Hwy)

City/Town/County

Province

Postal Code

Has the insurance claim been paid? Yes No If **Yes**, provide a copy of the settlement

7. Provide information on Police Department investigating loss.

Name of Police Department:

Name of Officer:

File Reference:

Date Reported:

8. Provide information on vaping products recovered, if any.

9. 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 Applicant or Authorized Officer)

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

Note:

Any subsequent recoveries of monies or products for which a refund has been granted shall result in a debt to the Minister of Finance for the amount of tax refunded in relation to the recovered monies or products.

Documents required to be kept

All documentation supporting this refund must be retained for audit purposes.

By Mail:

Service Nova Scotia and Internal Services
Business Registration Unit
Refund Unit
PO Box 1529
Halifax, Nova Scotia B3J 2Y4

By Delivery:

Service Nova Scotia and Internal Services
Business Registration Unit
Refund Unit
Maritime Centre, 6th Floor North
1505 Barrington Street
Halifax, Nova Scotia B3J 3K5

For more information

Website: novascotia.ca/programs-and-services/vaping-products-tax-program

Call: 902-424-6300 (metro) or 1-800-565-2336 toll free in Nova Scotia

For Office Use Only

File #: _____ Date: _____

Total Amount Claimed: _____

Adjustments: _____

Total Amount Approved: _____

Reasons for adjustment and any additional information

Type	Quantity Lost (Column 1)		Tax Rate (Column 2)		Vaping Substance Tax (Column 1 X Column 2)
Vaping Substance	_____	ML	_____	per ML	\$ _____
	_____	Gram	_____	per Gram	\$ _____

Vaping Devices	Selling Price (Total Per List)	Tax Rate 20% of the manufacturer's or importer's suggested retail selling price	Vaping Devices Tax
_____	_____		_____

(Attach list of devices by type, quantity and price)

Vaping Devices	Selling Price (Total Per List)	Tax Rate The greater of 20% of the manufacturer's or importer's suggested retail selling price, and \$0.50 per milliliter or gram of included vaping substance	Vaping Packages Tax
_____	_____		_____

(Attach list of packages by type, quantity and price)
Provide milliliters/grams of substance in each package

Refund Claim \$ _____

Approved by: Compliance Officer _____ Date: _____

Supervisor _____ Date: _____