



1. Give us your details

Given Name:

First

Middle

Last

Civic Address:

(Not a PO Box)

Civic

Street/Road/Hwy

Unit/Suite/Apt #

City/Town/Country

Province

Postal Code

Mailing Address:

(if different from above)

PO Box or RR

City/Town/Country

Province

Postal Code

Home Phone:

Fax Number:

Work Phone:

Email:

2. Provide your Driver's Licence and/or ID Card Information.

Driver's License Master #:

Province of Issue:

ID Card Master #:

Province of Issue:

3. Provide your Indian Status Information.

Indian Band:

Band Number:

(Registry Group)

Based in Province of

Registry Number:

4. Provide Information on NSIFTEP status.

Are you registered under the Nova Scotia Indian Fuel Tax Exemption Program (NSIFTEP)? Yes No

If **Yes**, provide name and address used on NSIFTEP registration **if different**.

Given Name:

First

Middle

Last

Civic Address

(Not a PO Box)

Civic #

Street/Road/Hwy

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City/Town/Country

Province

Postal Code

5. Provide information on your vaping products tax rebate claim

Is this your first application for a refund of Nova Scotia vaping products tax?

Yes **No**

If **No**, Provide name and address used on your last refund claim **if different**.

Given Name:

First

Middle

Last

Civic Address:

(Not a PO Box)

Civic

Street/Road/Hwy

Unit/Suite/Apt #

City/Town/Country

Province

Postal Code

6. Provide claim period: From

, 20

to

, 20

7. Calculate your claim From Schedule A

Rebate Amount

(A) Enter Total Tax on Vaping Substance

\$

(B) Enter Total Tax on Vaping Devices

\$

(C) Enter Total Tax on Vaping Packages

\$

Total Refund Claim \$

8. Sign the Certification

I hereby certify that:

- (1) The information provided in this application is true, complete and correct in every respect
- (2) I am the person described on this form and entitled to the amount claimed.
- (3) The vape product purchases covered by this claim were for my own use and not for resale.
- (4) This amount has not been previously claimed.
- (5) All relevant records are available for inspection.
- (6) Copies of all invoices/documents are attached.

Signature of Applicant

Date

Office Use Only:

Amount Claimed _____

Authorized by: _____

Adjustments Amount _____

Approved _____

Date: _____

Schedule A

List in chronological order the details of all invoices on which a refund of vaping tax is claimed.
(Attach a copy of all invoices. Attach additional schedules if required.)

Name on Invoice	Invoice No.	Invoice date	ML of Vaping Substance	Tax Rate Per Milliliter	Tax on Vaping Substance
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Total Tax on Vaping Substance

Name on Invoice	Invoice No.	Invoice date	Grams of Vaping Substance	Tax Rate per Gram	Tax on Vaping Substance
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Total Tax on Vaping Substance

Name on Invoice	Invoice No.	Invoice date	Selling Price of Vaping Devices	Tax Rate	Tax on Vaping Devices
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Total Tax on Vaping Devices

Name on Invoice	Invoice No.	Invoice date	Selling Price of Vaping Packages	Tax Rate	Tax on Vaping Packages
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Total Tax on Vaping Packages

Instructions for completing the application

1. It is suggested that you submit a claim only when the amount of tax is \$100.00 or greater. Refund claims for less than \$100.00 should only be submitted on an annual basis.
2. Please provide a copy of your band card (front and back).
3. Ensure that your vaping product purchases are from retailers stations located on a Reserve.
4. If your fuel purchases were made on credit, please be advised that we may verify that the credit transactions have been paid in full.
5. It is necessary to submit copies of all documents (e.g. invoices) that support your claim.
6. Sufficient records must be retained to support your claim and must be produced if requested by an auditor or other authorized official appointed under the Revenue Act.
7. Return the original copy of the rebate application to:

By Mail:

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

By Delivery:

Service Nova Scotia and Internal Services
Business Registration Unit
Refund Section
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