



Service Nova Scotia
 Refund Section
 PO Box 1523
 Halifax, NS B3J 2Y4

Nova Scotia
Receipt Based Claim for Individual
Who Has Status Under the *Indian Act*
Refund Application

(Please Print)

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/County

Province

Postal Code

Mailing Address

(If different from above)

PO Box or RR

City/Town/County

Province

Postal Code

Home Phone:

Fax Number:

Work Phone:

Email:

2. Provide your Driver's Licence Information.

Driver's Licence Master #

Province of Issue

3. Provide your Status Information.

4. Band:

Band Number: :

Based in Province of

Registry Number:

4. Provide Information on NSIFTE status.

Are you registered under the Nova Scotia Indigenous Fuel Tax Exemption program (NSIFTE)? Yes No

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

Given Name:

First

Middle

Last

Civic Address

(Not a PO Box)

Civic #

Street/Road/Hwy

Unit/Suite/Apt #

City/Town/County

Province

Postal Code

5. Provide Information on your Refund Claim

Is this your first application for a refund of Nova Scotia fuel 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/County

Province

Postal Code

6. Provide claim period: From

_____, 20____
(Month) (Day)

to

_____, 20____
(Month) (Day)

7. Calculate your claim

<u>Product</u>	<u>Litres Claimed</u> <u>(From Schedule A)</u>	<u>Tax Rate</u>		
Gasoline	litres at	\$0.155	cents per litre =	\$
Diesel Fuel	litres at	\$0.154	cents per litre =	
Total Litres			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 individual described on this form and entitled to the amount claimed.
- (3) The fuel 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

Note: It is a serious offence to make a false application for refund.

Office Use Only:	
Amount Claimed _____	Authorized by _____
Adjustments _____	Date: _____
Amount Approved _____	

Schedule A

List in chronological order the details of all unpaid invoices on which a rebate of fuel tax is claimed. Attach a copy of all invoices. Attach additional schedules if required.

Name on Invoice	Location	Invoice No.	Invoice date	Litres
Total Litres				

INSTRUCTIONS, CONDITIONS AND CONTACT INFORMATION

1. Please provide a copy of your band card (front and back).
2. Ensure that your fuel purchases are either from service stations located on reserve or bulk deliveries made to a reserve in Nova Scotia.
3. If your fuel purchases were made on credit, please be advised that we may verify that the credit transactions have been paid in full.
4. It is necessary to submit copies of all documents (e.g. invoices) that support your claim.
5. 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*.
6. Return the original copy of the rebate application to:

By Mail:

Service Nova Scotia
Business Registration Unit
Refund Section
PO Box 1523
Halifax, NS
B3J 2Y3

By Delivery:

Service Nova Scotia
Business Registration Unit
Refund Section
Maritime Centre, 6th Floor North
1505 Barrington Street
Halifax, Nova Scotia

For more information

Website: novascotia.ca/programs-and-services/nova-scotia-indigenous-fuel-tax-exemption-program

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