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# T.T.3 TOBACCO TAX RETURN

TOBACCO TAX ACT

Dealer Name \_\_\_\_\_

Permit # \_\_\_\_\_

Return Month Ending \_\_\_\_\_

### TAXES CALCULATED UNDER THE TAX MEMO SYSTEM

Total payment transfer  
(QUANTITIES)

Cigarettes

Tobacco

Cigars

### TAXES CALCULATED AND SUBMITTED

QUANTITIES (TAX ON)

Tax adjustments – Attach notice forwarded from  
Taxation Section (may not be used for any other purpose)

Total taxes submitted by category

Cigarettes

Tobacco

Cigars

**Total tax payable and enclosed**

Total combined

060601

060603

060602

### INSPECTION AND AUTHORIZATION

Section 9 of the *Tobacco Tax Act* – Inspection – It is understood that a person authorized by the Commissioner of the Yukon may enter, at a reasonable time, the business premises where records are kept.

### CERTIFICATION

I hereby certify that the above statements are true to the best of my knowledge and belief, and I undertake to comply with the provisions of the *Tobacco Tax Act*, and the regulations made thereunder.

Signature \_\_\_\_\_

Dated at \_\_\_\_\_

Name (please print) \_\_\_\_\_

this \_\_\_\_\_ day of

Title \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_\_.

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

GOVERNMENT OF YUKON  
Box 2703 (B-1)  
Whitehorse, Yukon Y1A 2C6  
Phone: 867-667-5345  
Fax: 867-456-6709

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Tobacco Tax Act*. Questions about the collection or use of this information can be directed to the Yukon Department of Finance, Box 2703, Whitehorse, Yukon, Y1A 2C6, 867-667-5343.