

Dealer Name: _____

Permit # _____ Return Month Ending: _____

Taxes calculated under the tax memo system			
Total payment transfer (QUANTITIES)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	Cigarettes	Tobacco	Cigars
Taxes calculated and submitted			
QUANTITIES (TAX ON)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Tax adjustments – Attach notice forwarded from Taxation Section (may not be used for any other purpose)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Total taxes submitted by category	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	Cigarettes	Tobacco	Cigars
Total tax payable and enclosed			<input style="width:100%;" type="text"/>
	_____	_____	_____
	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.

Dated at _____ this _____ day of _____ 20 _____

Signed _____

Name _____
(please print)

Title _____
(please print)

Phone: _____

Fax: _____

Email: _____

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