

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

Permit # \_\_\_\_\_ Return Month Ending: \_\_\_\_\_

**Taxes calculated under the tax memo system**

Total payment transfer (QUANTITIES)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Cigarettes	Tobacco	Cigars

**Taxes calculated and submitted**

QUANTITIES (TAX ON)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tax adjustments – Attach notice forwarded from Taxation Section (may not be used for any other purpose)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total taxes submitted by category	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Cigarettes	Tobacco	Cigars

<b>Total tax payable and enclosed</b>			<input type="text"/>
			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.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed \_\_\_\_\_

GOVERNMENT OF YUKON B-1

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

Box 2703

Title \_\_\_\_\_  
*(please print)*

Whitehorse, Yukon Y1A 2C6

Contact Telephone Number \_\_\_\_\_

Phone: (867) 667-5345

Contact Fax Number \_\_\_\_\_

Fax: (867) 456-6709