

**PART I – VENDOR INFORMATION**

a) Legal Name: _____ _____ b) Trade Name: _____ (if different than legal name) c) Mailing Address: _____ _____ d) Physical Address where your records are maintained: (if different than mailing address) _____ _____	For office use only	e) Date & time of Physical Inventory Count: _____ f) Tobacco Wholesaler Licence Number: _____ h) Contact Name: _____ i) Business Telephone: _____ j) Fax Number: _____ k) E-mail Address: _____
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**PART II – CALCULATION OF TAX DUE ON INVENTORY**

**Calculate your tobacco tax owing** (Separate form to be completed for each location)

All tobacco wholesalers (except those reporting tax on the basis of actual sales) who have a tobacco inventory are required to conduct a physical inventory count of all tobacco products, **excluding cigars**, as of 12:01 a.m., February 1, 2017 and calculate the additional Tobacco Tax due on their inventory using the table below. Wholesalers are required to keep supporting documentation, including a copy of the **TOBACCO TAX REMITTANCE form**, for audit purposes. For additional instructions, please see TTN: 0167.

Type of Tobacco	(1) Quantity	(2) Multiply by Tax Increase	(3) Tax Amount Due (1) x (2) = (3)	
(A) Case of 10,000 Cigarettes / Tobacco Sticks (enter total number of cases)		\$326.00	\$	(A)
(B) Carton of 200 Cigarettes / Tobacco Sticks (enter total number of cartons)		\$6.52	\$	(B)
(C) Pack of 25 Cigarettes (enter total number of packages)		\$0.815	\$	(C)
(D) Pack of 20 Cigarettes (enter total number of packages)		\$0.652	\$	(D)
(E) Other Tobacco (fine cut, pipe tobacco, chewing tobacco, snuff, raw leaf tobacco etc.) enter total number of grams		\$0.0326	\$	(E)
<b>(F) Total Tobacco Tax Due [(A) + (B) + (C) + (D) + (E)]</b>			<b>\$</b>	<b>(F)</b>

**Note:**

- The Tobacco Tax Remittance form(s) and payment by cheque or money order made payable to the **Minister of Finance** is **due by March 25, 2017**. Late payments will be subject to a penalty of 10%, plus interest.
- The Tobacco Tax Remittance form **must be completed and returned even if no tobacco inventory is held and no tax is owing**. Enter \$ 0.00 under Total Tobacco Tax Due.
- Wholesalers who have **more than one location** must complete a separate **TOBACCO TAX REMITTANCE form for each location**. Provide the Location Number for each location.
- Please mail TOBACCO TAX REMITTANCE form with payment and/or address any inquiries to:**  
 Department of Finance, Revenue Administration Division, Program Services, P.O. Box 3000, Fredericton, NB E3B 5G5  
 Telephone: (800) 669-7070

**PART III – CERTIFICATION**

I HEREBY CERTIFY that the information given in this return is true, complete and correct in every respect:

\_\_\_\_\_  
 Name (Please print)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 (Signature of Individual or Authorized Officer)

\_\_\_\_\_  
 Date