

PART I – VENDOR INFORMATION

Legal Name: _____ For office use only Business Number: _____

Trade Name: _____ Retailer's Licence Number: _____
 (If different from legal name) (Gasoline, Motive Fuel and Carbon Emitting Product)

Mailing Address: _____ Contact Person: _____

_____ Business Telephone: _____

Physical Address where your records are maintained: _____ Fax Number: _____
 (If different than mailing address) _____ E-mail Address: _____
 _____ (if applicable)

PART II – GASOLINE AND DIESEL INVENTORY

Provide the name of your gasoline, motive fuel and carbon emitting products wholesaler(s). (If you have more than two (2) suppliers, please attach a list.)

Name: _____ Address: _____

Name: _____ Address: _____

Are you selling on consignment? Yes No

Last delivery of gasoline Y _____ M _____ D _____ Last delivery of diesel Y _____ M _____ D _____
 from Wholesaler from Wholesaler
 _____ (litres) _____ (litres)

PART III – CALCULATION OF THE CARBON EMITTING PRODUCT TAX CREDIT ON INVENTORY

All gasoline, motive fuel and carbon emitting product retailers (Retailers) should calculate the impact of the elimination of the Provincial Carbon Emitting Product Tax on their carbon emitting product inventory, as of 12:01 a.m., July 1, 2023, using the table below. (Complete a separate form for each location).

Carbon Emitting Product Inventory, as of 12:01 a.m., July 1, 2023				
Carbon Emitting Product Type	Storage Tank Capacity	(A) Quantity	(B) Carbon Emitting Product Tax Rate	(C) Carbon Emitting Product Credit (A x B)
Gasoline			\$0.1105 / litre	\$
Diesel			\$0.1341 / litre	\$
(D) Total Carbon Emitting Product Tax Credit (Add together amounts in Column C)				\$

- Refunds for less than **\$20.00** will not be issued.
- Please mail the refund form(s) and address any inquiries to: Finance and Treasury Board, Revenue Administration Division, Tax Administration, P.O. Box 3000, Fredericton, NB E3B 5G5 Telephone: (800) 669-7070.
- The refund form(s) must be filed by **August 18, 2023**.
- Retailers who have more than one location must complete a separate Refund form for each location. Provide the Location Number for each location.

PART IV – 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