



Finance, Energy and
Municipal Affairs
Taxation and
Property Records

Gasoline Tax Self-declaration

(Pursuant to the *Prince Edward Island Gasoline Tax Act* R.S.P.E.I. 1988)

Mail to:
Finance, Energy and Municipal Affairs
Taxation and Property Records
PO Box 1330, Charlottetown, PE C1A 7N1

Deliver to:
95 Rochford Street
Shaw Building, 1st Floor, South
Charlottetown, PE C1A 3T6
or: any Access PEI Centre

Tel: (902) 368 6577 Fax: (902) 368 6164

Website: www.TaxandLand.pe.ca
Email: taxandland@gov.pe.ca

Freedom of Information and Protection of Privacy

Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Corporate and Tax Administration Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Reporting period _____ to _____
month/year month/year

Your Contact Information (Please print)

Name:	Province:
Mailing Address:	Postal Code:
City/town/village:	Tel:
Marked Fuel Permit Account Number:	

Calculation of Gasoline Tax Owning

- Calculate below the gasoline tax owing on all purchases of marked gasoline and marked diesel oil.
- Submit this form, together with payment of tax due within 30 days of the end of the quarter in which the purchases were made.
- Attach copies of supporting documentation.

Fuel Type	Month	Gasoline Tax per Litre	Litres Purchased	Gasoline Tax Due
Gasoline				\$
				\$
				\$
Diesel Oil				\$
				\$
				\$
Total gasoline tax due				\$
Payment enclosed <i>(Cheques should be made payable to the Minister of Finance, Energy and Municipal Affairs.)</i>				\$

To obtain the monthly gasoline and diesel oil tax rate, contact tel: (902) 368-6577 or e-mail igmacphee@gov.pe.ca

Certification

I hereby certify that the information contained in this form is a full and complete statement of all marked gasoline and marked diesel oil purchases made during the period covered by this report.

Date:	Signature
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For Office Use Only

Account Number:	Processed by:
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