



Department of
Finance
Taxation and
Property Records

Request for Refund of Retail Sales Tax (RST)

(Pursuant to the Prince Edward Island *Retail Sales Tax Act*
and the *Revenue Administration Act* R.S.P.E.I. 1988)

Mail to:

Department of Finance
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 4070 Fax: (902) 368 6164

Website: www.princeedwardisland.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, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Section A – Claimant Information (please print)

Full Name (must include middle name/s):

Nature of Business (if applicable):

If a commercial fisher, provide the Marked Gasoline / Marked Diesel Oil permit number:

Mailing Address:

City/Town/Village:

Province:

Postal Code:

Telephone: ()

Fax: ()

Email:

Section B – Refund Information

1. Complete the schedule on the reverse of this form and attach original invoices, receipts and documentation.

2. Total amount of refund claim (enter amount calculated on reverse): \$

Section C – Reason for Refund (if space is insufficient, please attach a separate sheet)

I hereby certify that the above information is correct to the best of my knowledge and belief.

Name of Contact Person (please print)

Signature

Title

Date

| For Office Use Only | Section | Object | Program | Project | Amount |
|---------------------|--------------|--------|---------|---------|--------|
| Account No.: | | | | | |
| Received Date: | Approved by: | | | | |

List below all goods on which you seek a refund of retail sales tax (RST) paid and **attach original invoices, receipts and all supporting documentation.**
 If space is insufficient, please attach a separate sheet.

| Date of Purchase (mm/dd/yyyy) | Name of Supplier | Invoice No. | Description of Item(s) | Purchase Price | RST Refund Claimed |
|--|------------------|-------------|------------------------|----------------|--------------------|
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| Total amount of refund claim (enter in Section B, line 2 on reverse) | | | | | \$ |