



Provincial Treasury
Taxation and
Property Records

Request for Refund of Revenue Tax (PST)
(Pursuant to the Prince Edward Island Revenue Tax Act and the Revenue Administration Act R.S.P.E.I. 1988)

Mail to:
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) 569 7542 Fax: (902) 368 6164

Website: www.taxandland.pe.ca

Freedom of Information and Protection of Privacy
Personal information on this form is collected under Section 20 of Prince Edward Island's *Revenue Administration Act* and will be used for the purpose of tax administration and enforcement. If you have any questions about this collection of personal information, you may contact Manager, Audit, Collection and Inspection, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368 4174.

Section A – Claimant Information		
Full Name <i>(must include middle name/s)</i> :		
Nature of Business (if applicable): Fishing <input type="checkbox"/> Farming <input type="checkbox"/> Aquaculture <input type="checkbox"/> Other:		
Revenue Tax Exemption Permit No.:		
Mailing Address:		
City/Town/Village:	Province:	Postal Code:
Telephone:	Fax:	E-mail:

Section B – Refund Information
1. Complete the schedule on the reverse of this form and attach <u>original</u> 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:	Approver(s):				

***Note: Electronic Funds Transfer (EFT) is available to those who are multiple filers.**

List below all goods on which you seek a refund of revenue tax (PST) 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 (including GST and PST)	PST Refund Claimed
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total amount of refund claim (enter in Section B, line 2 on reverse)					\$