



LIQUOR CONSUMPTION TAX

2350 Albert Street Regina, SK S4P 4A6

Return

Please Print Clearly in Boxes Below.

Account Number: _____

Return Period _____ Due Date _____

Name: _____

Signature _____ Telephone Number _____

I certify that the information contained herein is to the best of my knowledge accurate.

- ▶ **Has your Business Closed, or Address Changed?**
 - Please complete the Change Notification below and return it with your payment and this tax return.
- ▶ **Penalty and interest are applied to returns filed after the due date.**
- ▶ **If no tax is due, a "Nil" return must be filed.**

Total Liquor Sales
(Box A from worksheet)

, , ,

Net Tax Collected
(Box B from worksheet)

, , ,

Resale Levy Collected
(Box C from worksheet)

, , ,

Account Balance
(Box G from worksheet)

, , ,

Remittance Enclosed
(Box I from worksheet)

, , ,

- File online at www.gov.sk.ca/finance/taxes/efile
- Pay by online banking or cheques to Minister of Finance
- DO NOT staple anything to this return.

***** NOT NEGOTIABLE at either a bank or credit union. *****

SASKATCHEWAN LIQUOR CONSUMPTION TAX RETURN WORKSHEET

△ Detach at the perforation and return the stub above with your payment. △

Return Period _____ Due Date _____ Last Payment Received _____ **Return** _____

STEP 1	Total Liquor Sales ▶ Enter the total liquor sales before taxes for the reporting period as listed in your records.	A Total Liquor Sales _____
STEP 2	Net Tax Collected ▶ Enter the total tax collected on liquor sales for this period plus 10% on the cost of liquor taken from stock or purchased for own use.	B Net Tax Collected _____
	Resale Levy Collected ▶ Enter the total resale levies collected for this period on the sale of liquor to special occasion permit holders.	C Resale Levy Collected _____
	Total Tax Collected (Box B plus box C)	D Total Tax Collected (B + C) _____
STEP 3	(As of the date this form was printed,) Add if positive, subtract if negative. Net Amount Payable (Box D plus or minus box G)	G Account Balance _____
		H Net Amount Payable (D + or - G) _____
STEP 4	Remittance Enclosed ▶ If no tax is payable for this period, a "Nil" return must be filed by entering zero in box I.	I Remittance Enclosed _____

**** Please transfer your worksheet figures from Boxes A, B, C, & I to the coloured boxes on the return above. Thank you.

△ Detach at the perforation and return the stub below with your new information. △

CHANGE NOTIFICATION

Account Number: _____ Name: _____

Business Closed: (Check the box & provide details below)

Date of Closure: (MM DD YYYY)
_____|_____|_____|_____|_____|_____|

Reason for Closure:

If business was sold, please provide details below.

Purchaser Name:

Purchaser Phone Number:

Address / Name Change: (Check the appropriate box & provide details below)

Mailing **Business Name** **Location**

Business Name (If Applicable):

Apt. Number: _____ Street or Post Office Box: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____