

# BAND LIQUOR CONSUMPTION FEE RETURN

PO Box 200, Regina, Saskatchewan, S4P 2Z6

DO NOT use Staples or Paperclips

Account Number	Business Number	EFILE Code	Return Period	Due Date	Last Payment Received	Last Return Processed:
----------------	-----------------	------------	---------------	----------	-----------------------	------------------------

Legal Name: \_\_\_\_\_

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

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



LCF 1 18 01 999999999 00000000

- If no BLCF is due, a return must still be filed.
- Please print in blue or black ink.
- Please keep a copy of your return for your records.
- Penalty and interest are applied to returns filed and paid after the due date.

## Amended Return

This box must be checked to amend the return previously filed. The amended return must be a complete return identifying the total revised amount, not just the amended fields.

### A. BLCF Collected on Sales for On-Site Consumption

Enter the total BLCF collected on restaurant, tavern, manufacturer and brew-pub sales for the reporting period.

A   ,   ,   .

### B. BLCF on Own Consumption

Total BLCF payable on the cost of liquor taken from stock or purchased for own use for the reporting period.

B   ,   ,   .

### C. Net BLCF Payable

BLCF Collected on Sales (box A) plus BLCF on Own Consumption (box B).

C   ,   ,   .

### D. Account Balance

As of . See attached Period Balance Statement for details if balance exists.

D   ,   ,   .

### E. Remittance Enclosed

If no BLCF is payable, a "Nil" return must be filed by entering a zero in the Net BLCF Payable (box C).

E   ,   ,   .

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

## Change Notification

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

Date of Closure: YYYYMMDD
Reason for Closure:

If business was sold, please provide details below.

Purchaser Name:
Purchaser Phone Number:

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

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

Business Name (If Applicable):		
Suite Number:	Street or Post Office Box	
City:	Province:	Postal Code:
Phone Number:		

**WEBSITE:**  
www.saskatchewan.ca

**EFILE:**  
www.sets.gov.sk.ca

**INQUIRIES:**  
(306) 787-6645 or 1-800-667-6102

**EMAIL:**  
SaskTaxInfo@gov.sk.ca