

Account Number	Business Number	Return Period	Electronic Due Date	Non-Electronic Due Date	Last Payment Received	Last Return Processed:
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Legal Name: \_\_\_\_\_

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

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



BCP 2 20 01 999999999 00000000

- If no fees are due, a return must still be filed. Please refer to the return form instructions on [Saskatchewan.ca](http://Saskatchewan.ca) for additional information on filing requirements.
- Penalty and interest will be applied to returns and payments that do not meet the remittance requirements as outlined in [Information Bulletin GENERAL 1, Penalty and Interest Provisions](#).

**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. METAL CANS

Under 1 Litre:

1    ,    ,    x 0.17

1 Litre or More

2    ,    ,    x 0.32

### B. PLASTIC BOTTLES (INCLUDING MILK CONTAINERS/JUGS)

Under 1 Litre:

3    ,    ,    x 0.18

1 Litre or More

4    ,    ,    x 0.33

### C. NON-REFILLABLE GLASS BOTTLES

300 ml or Less:

5    ,    ,    x 0.19

Over 300 ml but Under 1 Litre

6    ,    ,    x 0.29

1 Litre or More

7    ,    ,    x 0.49

### D. SHELF STABLE ASEPTIC (INCLUDING TETRAPAKS)

Under 1 Litre:

8    ,    ,    x 0.15

1 Litre or More

9    ,    ,    x 0.30

### E. POLYCOAT (GABLETOPS INCLUDING MILK CONTAINERS)

Under 1 Litre:

10    ,    ,    x 0.15

1 Litre or More

11    ,    ,    x 0.30

### F. SUMMARY OF NET FEES PAYABLE

**Total Deposit Collected:** 12    ,    ,    .

Sum of deposits collected (Parts A through E)

**Account Balance:**    ,    ,    **0** . **0** **0**

**Net Amount Payable:**    ,    ,    .

Total Deposit Collected adjusted for any Account Balance.

**Remittance Enclosed:** 13    ,    ,    .

If no fees are payable, a "Nil" return must be filed by entering a zero in Total Deposit Collected.

Make payment payable to the Minister of Finance.

△ 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: