

Account Number	Business Number	EFILE Code	Return Period	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 1 18 01 999999999 00000000

- If no fees are 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.

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## 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 0.15

1 Litre or More

2    ,    ,    x 0.30

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

Under 1 Litre:

3    ,    ,    x 0.16

1 Litre or More

4    ,    ,    x 0.31

## C. NON-REFILLABLE GLASS BOTTLES

300 ml or Less:

5    ,    ,    x 0.17

Over 300 ml but Under 1 Litre

6    ,    ,    x 0.27

1 Litre or More

7    ,    ,    x 0.47

## D. SHELF STABLE ASEPTIC (INCLUDING TETRAPAKS)

Under 1 Litre:

8    ,    ,    x 0.13

1 Litre or More

9    ,    ,    x 0.28

## E. POLYCOAT (GABLETOPS INCLUDING MILK CONTAINERS)

Under 1 Litre:

10    ,    ,    x 0.13

1 Litre or More

11    ,    ,    x 0.28

## F. SUMMARY OF NET FEES PAYABLE

### Total Deposit Collected:

Sum of deposits collected (Parts A through E)

### Account Balance:

### Net Amount Payable:

Total Deposit Collected adjusted for any Account Balance.

### Remittance Enclosed:

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

12    ,    ,

,    ,

,    ,

13    ,    ,

Make payment payable to the Minister of Finance.

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

## Change Notification

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**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)

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**Mailing**

☐

**Location**

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**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