

LIQUOR CONSUMPTION TAX AND/OR VAPOUR PRODUCTS TAX RETURN

DO NOT Use Staples or Paperclips

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



LCT 3 21 01 999999999 00000000

- If no tax 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 applicable due date based on the method received.



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.

Liquor Consumption Tax (Fill out Boxes A to F)

A. Liquor Consumption Tax Collected on Sales for Off-Site Consumption

Enter the total tax collected on retail sales for the reporting period.

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B. Resale Levy Collected

Enter the total resale levy collected on sales to special occasion permit holders for the reporting period.

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C. Liquor Consumption Tax Collected on Sales for On-Site Consumption

Enter the total tax collected on restaurant, tavern, manufacturer and special use sales for the reporting period.

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D. Total Liquor Consumption Tax Collected

Box A plus Box B plus Box C.

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E. Tax on Own Liquor Consumption

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

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F. Total Liquor Consumption Tax Payable

Total Liquor Consumption Tax Collected (Box D) plus Tax on Own Liquor Consumption (box E).

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G. Total Liquor Consumption Tax and/or Vapour Products Tax Balance Owning

This amount is for both Liquor Consumption Tax and Vapour Products Tax. Please refer to SETS for balance inquiries.

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H. Total Remittance Enclosed

Total Liquor Consumption Tax and/or Vapour Products Tax paid with your return. If no tax is payable, a "Nil" return must be filed by entering a zero in Box F and/or Box K.

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△ 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:			