

APPLICATION FOR REFUND -WHERE FUEL IS USED IN ANOTHER JURISDICTION OR **DUE TO A LOWER TAX RATE**

Name:						
Address:						
Phone:		Fax:	Er	nail:		
Check one:						
Claimar Section	nt must sub 4(1) Applica	ication For Refund – Where Fuel Is mit proof that tax was paid in the Ju ation For Refund – Due To A Lower vide evidence of consumption.	urisdiction in whi			
Type of fue	I (USE SEP	ARATE FORM for EACH TYPE and	d EACH YEAR):	Diesel Gasolir	ne 🗌 Aviation	Year:
Statement	of fuel tax	paid				
Date of pure		Purchased from		Invoice #	Litres	Tax paid
YYYY/MM/[DD	(supplier's name)		(attach copies)	purchased	on purchase
-						
Total purchases						
On hand at date of last claim (if any)						
				Balance on hand now		
Attach separ	ate sheet as	s needed.		Total consumed		
Statement	of fuel con	sumption				
Fuel used in another jurisdiction (provide name)				Litres	Applicable	Tax
or for the pu	irpose of				tax rate**	thereon
			Total consumed			
**Tax rates:	Diesel Gas	\$0.072 /litre \$0.062 /litre	Iotal consumed		Tax Paid	
	Aviation	\$0.011 /litre		Tax refund claim		
Attach suffici	ient evidenc	e to support your claim. Add separ	ata shaat as naa			
l,,,,				as a duly authorize		
officer of						hereby
CERTIFY that	it the inform	nation contained in this application	COMPANY NAME - PRIN		wledge and belie	ef.
					0	
SIGNATURE			DATE (YYY	,		
Submit this	applicatio	n by mail: Deputy Head, Departm Box 2703, Whitehorse, Phone: (867) 667-5345	YT Y1A 2C6			
		or email: yk.taxreturns@yukon.ca				
		ted on this form is collected under the authority	of and used for the pu		il Tax Act. Questions al	oout the collection or
use of this inform YG(593FIN) Rev.04		ected to the Yukon Department of Finance, Bo	x 2703, Whitehorse, Yu	ukon, Y1A 2C6, (867) 667-5343.		Page 1 of 1