



Service Nova Scotia
and Municipal Relations
Fuel and Tobacco Tax Returns
PO Box 755
Halifax, Nova Scotia B3J 2V4

Fuel Tax Casual Return
Self Assessment
Bus: (902) 424-6300 Fax: (902) 424-0602
(Please print)

1. Provide your details

Name _____ (Individual or Company)	Contact Name _____
Civic Address _____ (Civic Number and Street/Road/Hwy)	Phone # _____
Mailing Address _____ (PO Box or RR)	Fax # _____
City/Town _____ Province _____	Email Address _____
Postal Code _____	Canada Revenue Agency Business # _____ (If applicable)

2. Period Covered From _____, 20____ To _____, 20____
(Month) (Day) (Month) (Day)

3. Fuel Type	Total Litres Consumed	Tax Rate	Tax Due
Gasoline	_____	15.5 ¢ per litre	= \$ _____
Diesel / Biodiesel	_____	15.4 ¢ per litre	= \$ _____
Propane (See Note)			
- Sold by Litre	_____	7.0 ¢ per litre	= \$ _____
	Total Tanks Consumed		
- Sold by 33 lb tank	_____	\$2.05 per tank	= \$ _____
		Total Tax Due	= \$ _____

Note: Natural gas used for motive fuel purposes must be reported under Propane.

Conversion Factors for Natural Gas

1 GJ of natural gas equals 39 litres of propane
1 MMBTU of natural gas equals 41 litres of propane

4. Make Cheque Payable to the Minister of Finance and mail to the address provided above.

Reason for filing a Fuel Tax Casual return: _____

5. Certification

I HEREBY CERTIFY that the information given in this return is true, complete and correct in every respect:

_____ Name of Individual or Authorized Officer (Please print)	_____ Title
_____ Signature of Individual or Authorized Officer	Date _____, 20____ (Month) (Day)