

Ministry of Finance

33 King Street West P.O. Box 625 Oshawa ON L1H 8E9 1 866 668-8297

Application for Ontario HST Refund for First Nations on or after September 1, 2010

A Before o	completing this application, pleas	e read the attached in	structions. Pleas	e print or type.	
Name of Claimant		1			
2 Mailing Address	(Number, Street, PO Box, RR or Ap	t. No.)			
City, Town or Village					
Province/State and Country				Postal/Zip Code	
3 Name of person to be contacted regarding this application 4 (Area C				Telephone No.	
5 Do you authorize any perso regard to this claim e.g. you	n to act on your behalf with ir local Band council?	Yes No If	yes, please compl	ete the following:	
Representative's Name (Area Code)				elephone No.	
Address				Postal/Zip Code	
B			_		
1 Total Number of Receipts	2 Do you want your receipts returned?	3 Period covered by Claim			
	☐ Yes ☐ No	From	То		

Note: First Nation individuals, families and Indian bands and councils of an Indian band are encouraged to accumulate receipts and file one application respectively rather than multiple applications for small refund amounts.

To avoid delay in processing your claim, this application must be accompanied by:

- original receipts for qualifying off-reserve acquisitions and importations showing the 13% HST was paid.
- photocopy of both sides of the *Certificate of Indian Status* card, or in the case of Indian bands and councils, a letter from the band or council certifying that the property or services are exclusively for the consumption or use by the band or the council of the band.

Original receipts will not be returned unless specified in Section B2.

Where all supporting documents are submitted, please allow up to eight weeks for verification and processing of your claim.

Applications must be submitted to the address above within four years from the date tax was paid. If the application for refund relates to HST paid in another participating province but imported into Ontario within 30 days, the application must be submitted within one year from the date the qualifying goods were imported into Ontario.

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Please remember to sign this application		
I certify that all the facts stated on this application are correct to the verification.	e best of my knowledge and I understa	and this claim is subject to
(Print) Name of claimant or an authorized official of the Indian band or council	Signature	Date
Every person who, by deceit, falsehood, or by any fraudulent mean this Act or the regulations to which the person is not entitled is guilty \$500 and not more than an amount that is double the amount of the of imprisonment of not more than two years, or to both (<i>Retail Sales</i>)	ty of an offence and on conviction is lia e refund or rebate obtained or sought t	able to a fine of not less than

Personal information contained on this form is collected under the authority of the *Retail Sales Tax Act*, R.S.O. 1990, c. R31, and will be used to determine eligibility for the amount of the refund. Questions on this collection can be directed to the Refund Manager at the Ministry of Finance, 3rd floor, 33 King Street West, Oshawa Ontario L1H 8E9, or by calling 1 866 ONT-TAXS (1 866 668-8297).

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