

# INFORMATION REQUEST

The Fuel Tax Act  
The Tobacco Tax Act

## Manitoba Finance - Taxation Division

101 - 401 York Avenue  
Winnipeg, MB R3C 0P8  
Telephone: (204) 945-5603  
Manitoba Toll Free: 1-800-782-0318  
E-mail: [MBTax@gov.mb.ca](mailto:MBTax@gov.mb.ca)  
Web Site: [www.gov.mb.ca/finance/taxation](http://www.gov.mb.ca/finance/taxation)

Please complete the following questionnaire by answering all the questions and return it in the envelope provided. The information supplied in this questionnaire will be used to update your account.

<b>Please Print In Block Letters</b>																				
LICENCE NUMBER																				
TRADE NAME						LEGAL NAME														
MAILING ADDRESS - (Note - All forms and correspondence will be mailed to this address)																				
Address								Telephone												
City/Town				Province				Postal Code												
LOCATION OF BUSINESS - If the location of your business is different from your mailing address, please enter the correct location address in the space below. Include all business locations. Attach a schedule if space is not sufficient.																				
Address																				
City/Town				Province				Postal Code												
Is your business incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, enter date of incorporation		Y	M	D	If your business operates on a seasonal basis, place an "x" in the box for the month(s) opened		J	F	M	A	M	J	J	A	S	O	N	D
Does your business include the following type of operations		<input type="checkbox"/> Retail Pumps		<input type="checkbox"/> Tobacco Retailer		<input type="checkbox"/> Tobacco Manufacturer		<input type="checkbox"/> Tobacco Vending Machines		<input type="checkbox"/> Tobacco Wholesaler		DATE BUSINESS COMMENCED								
		<input type="checkbox"/> Key/Card Lock										<input type="checkbox"/> Bulk Plant		<input type="checkbox"/> Manufacturer/Refiner		<input type="checkbox"/> Importer		Y	M	D
Please list all your fuel and tobacco suppliers. Attach a schedule if space is not sufficient.																				
Supplier's Name				Supplier's Address				Product Type												
TAXPAYER CONTACT - Should it be necessary to contact you for additional information, please enter the name and telephone number of the person to be contacted.																				
Name (Please Print)						Telephone														
E-mail						Fax														

### Certification

To the best of my knowledge, I hereby certify that the information provided in this questionnaire is accurate.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** If any of the above information should change, please inform this office immediately.