

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



BCP 2 20 01 999999999 00000000

- If no fees are 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.

A. METAL CANS

Under 1 Litre:

1 , , x 0.17

1 Litre or More

2 , , x 0.32

B. PLASTIC BOTTLES (INCLUDING MILK CONTAINERS/JUGS)

Under 1 Litre:

3 , , x 0.18

1 Litre or More

4 , , x 0.33

C. NON-REFILLABLE GLASS BOTTLES

300 ml or Less:

5 , , x 0.19

Over 300 ml but Under 1 Litre

6 , , x 0.29

1 Litre or More

7 , , x 0.49

D. SHELF STABLE ASEPTIC (INCLUDING TETRAPAKS)

Under 1 Litre:

8 , , x 0.15

1 Litre or More

9 , , x 0.30

E. POLYCOAT (GABLETOPS INCLUDING MILK CONTAINERS)

Under 1 Litre:

10 , , x 0.15

1 Litre or More

11 , , x 0.30

F. SUMMARY OF NET FEES PAYABLE

Total Deposit Collected: ¹² , ,

Sum of deposits collected (Parts A through E)

Account Balance: , , **0** . **0** **0**

Net Amount Payable: , ,

Total Deposit Collected adjusted for any Account Balance.

Remittance Enclosed: ¹³ , ,

If no fees are payable, a "Nil" return must be filed by entering a zero in Total Deposit Collected.

Make payment payable to the Minister of Finance.

△ 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: