

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:**
Sum of deposits collected (Parts A through E)12 , , . **Account Balance:** , , 0 . 0 0**Net Amount Payable:**
Total Deposit Collected adjusted for any Account Balance. , , . **Remittance Enclosed:**
If no fees are payable, a "Nil" return must be filed by entering a zero in Total Deposit Collected.13 , , .

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: