Reset ?

NOTE: You can fill out these fields for printing, but cannot save the values here.
To file this report, print two copies of the completed form. Mail one copy to Taxation and Property Records, PO Box 1150, Charlottetown, PE, C1A 7M8. Keep the second copy for your records.

Prince Edward Island
CANADA

Department of Finance
Taxation and Property Records

Request for Refund of Retail Sales Tax (RST)

(Pursuant to the Prince Edward Island *Retail Sales Tax Act* and the *Revenue Administration Act* R.S.P.E.I. 1988)

Mail to:
Department of Finance,
Taxation and Property Records
PO Box 1150, Charlottetown, PE C1A 7M8

Deliver to:
95 Rochford Street
Shaw Building, 1st Floor, South
Charlottetown, PE C1A 3T6
or: any Access PEI Centre

Tel: (902) 368 4070 Fax: (902) 368 6164

Website: ***www.***princeedwardisland.ca
Email: *taxandland@gov.pe.ca*

Freedom of Information and Protection of Privacy

Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

NOTE: Refunds are issued by the Province of Prince Edward Island through Electronic Funds Transfer (EFT). If you are not registered with the Province of PEI to receive EFT payments, please complete and return the attached Vendor Registration Form with your refund request.

Section A – Claimant Information (please print)			
Full Name *(must include middle name/s)*:			
Nature of Business (if applicable):			
If a commercial fisher, provide the Marked Gasoline / Marked Diesel Oil permit number:			
Mailing Address:			
City/Town/Village:		**Province:**	**Postal Code:**
Telephone: ( )	**Fax: ( )**	**Email:**	

Section B – Refund Information
1. Complete the schedule on the reverse of this form and attach <u>original</u> invoices, receipts and documentation.
2. Total amount of refund claim (enter amount calculated on reverse): $

Section C – Reason for Refund (if space is insufficient, please attach a separate sheet)

I hereby certify that the above information is correct to the best of my knowledge and belief.

Name of Contact Person (please print) _____ Signature _____

Title _____ Date _____

For Office Use Only	Section	Object	Program	Project	Amount
Account No.:					
Received Date:		Approved by:			

Aug 2025

Version française également disponible

List below all goods on which you seek a refund of retail sales tax (RST) paid and **attach original invoices, receipts and all supporting documentation.** If space is insufficient, please attach a separate sheet.

Date of Purchase (mm/dd/yyyy)	**Name of Supplier**	**Invoice No.**	**Description of Item(s)**	**Purchase Price**	**RST Refund Claimed**
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
Total amount of refund claim **(enter in Section B, line 2 on reverse)**					$

Payee Registration Form

(see reverse for instructions)

PAYEE #	

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01, and will be used for the purpose of administering payments to the individuals or suppliers that are identified on this form. This use includes the sharing of this information within the Government of Prince Edward Island and its agencies to update and ensure the accuracy of information for administering payments. Questions on the collection and use of this information can be directed to Payment Processing at (902) 368-4010.

☐ **New Payee** ☐ **Update to Payee Information (i.e. address or updated banking)**

Section A: Personal or Business Information

Fill out this section as an individual **OR** for your business. All fields are required.

For Individuals Only

First Name	Full Middle Name(s)	Last Name	Previous Last Name(s)

Date of Birth (DD/MM/YYYY)	If you are a Provincial Government Employee: Employee Number	Department

For Businesses Only

Business Name (Legal name and operating name if different)	HST/GST No.	Contact Person & Position

For Individuals and Businesses

Current Mailing Address	City	Province or State	Postal Code or Zip Code

Phone Number (including area code)	Email Address (for payment remittance details)	Email Address (for purchase orders if different)

Previous Mailing Addresses. Please provide as many previous mailing addresses as possible. We use this information to update our records and to prevent the duplication of your account.

Section B: Payment Information

To receive payments from the Government of Prince Edward Island you **MUST** provide your banking information. Failure to provide banking information will result in unprocessed and delayed payments. Please attach **one** of the following:

☐ Void cheque

or ☐ Correspondence from Financial Institution (bank)

Section C: Certification

I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. By providing banking information for electronic payment I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business.

Authorized Signature (Forms returned without a signature will not be processed) Sign Here X _____	Printed Name (For Businesses Only)	Date

Section D: Additional Information

Section E: For Office Use Only

BUSINESS UNIT: ☐ **FIS** ☐ **MEPS** ☐ **LMDA** ☐ **ISM** ☐ **PSB** ☐ **FLSB**

Payee Registration Form

Instructions

These instructions are provided to assist you in completing the Payee Registration Form which is required for payments from the Government of Prince Edward Island and its agencies using Government's financial accounting system.

For the purpose of this form a payee is the person or business that will be receiving a payment from the Government of Prince Edward Island or its agencies. The information requested on this form is collected and used only to facilitate the processing of these payments.

It is your responsibility to notify the Government of Prince Edward Island or its agencies of any changes to your information by completing a new Payee Registration Form.

Send the completed form to the mailing address, email address or fax number provided below. Failure to fully complete the form will result in delays.

Province of PEI
Office of the Comptroller; Payment Processing
PO Box 2000
Charlottetown, PE C1A 7N8

Telephone: (902) 368-4010
Fax: (902) 368-6661
Email: pymtproc@gov.pe.ca

Please follow the instructions below to ensure that the Payee Registration Form is properly completed.

Section A: Personal of Business Information	
For Individuals Only	Please provide your full legal name including your full middle name and all previous last names including married and/or maiden names. Middle and prior last names are used to update the Government's payee records. Date of Birth is required to ensure records are unique and that the wrong person is not paid.
For Businesses Only	Please provide you legal business name and your operating name if different than your legal name. Please include a contact name that we can use if necessary to confirm, verify or obtain additional information. Please provide the 15 digit identifier provided by CRA. If you do not have a business number, please indicate "Not Applicable" in the box.
For Individuals and Businesses	Please provide your complete mailing address, as well as any previous mailing addresses. Previous mailing addresses are used to update existing records and prevent the duplication of a payee's information. All electronic payments are accompanied with a remittance email with details of your payment (i.e. invoice numbers, amounts, dates) sent to the remittance email address provided. If a valid email address is not provided, you will not receive notification of an electronic payment.

Section B: Payment Information

The Government of Prince Edward Island has moved to mandatory electronic payment service. Unless explicitly told otherwise all payees are required to attach either a void cheque or correspondence from their financial institution including their banking information. All payments made by the Government of Prince Edward Island and its agencies will be deposited to the bank account provided. Electronic payments are secure and reliable.

Section C: Certification

This section **must** be **read and signed** by the payee, or for a business, by an authorized delegate. If the Payee Registration Form is returned without a signature it will not be processed.

Section D: Additional Information

This section is used by the Government of Prince Edward Island and its agencies to capture additional information for some programs. A government employee will let you know if you are required to include any information in this section. If you have not received any direction to complete this section it can be left blank.

Section E: For Office Use Only

Please indicate the business unit from which this forms originates.