63 Roosevelt Avenue

Pleasantville

St. John’s NL A1A 0E8

**T** (709) 726-1116

**F** (709) 726-4045

**W** www.ggcnf.org

Council

Newfoundland and Labrador Council

**HST Remittance and Claim Form**

**Name of UNIT or DISTRICT or AREA or TREFOIL GUILD:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address to which cheque should be mailed:

c/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)

e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 1 – Camp/Event – HST Collected on Fees**

|  |  |  |  |
| --- | --- | --- | --- |
| **When fee has been charged plus HST:** | | | |
| **Column A** | **Column B** | **Column C** | **Column D** |
| **Fee per participant before HST** | **HST @ 13% (Col.A x .13)** | **No. of participants** | **Total HST Collected (Col.B x Col.C)** |
| **$** | **$** |  | **$ D** |
| **When fee has been charged including HST:** | | | |
| **Column A** | **Column B** | **Column C** | **Column D** |
| **Fee per participant including HST** | **HST @ 13%**  **( Col. A ÷ 113 x 13)** | **No. of participants** | **Total HST Collected (Col.B x Col.C)** |
| **$** | **$** |  | **$ D** |

**Part 2 – Camp/Event – HST Paid on Expenses**

**(e.g., program/craft/event supplies, food, rental of space)**

**(Receipts MUST be attached to this claim form. Keep copies of receipts for your financial records.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Camp/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_** | | | |  |
| **Supplier Name** | **HST (Business) Number** | **Receipt(s) Total** | **HST Paid** |  |
|  |  | **$** | **$** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total HST Paid on Expenses to run Camp/Event (you can claim 100% of this HST) (attach**  **Receipts – keep copies for your financial records.)** | | | **$** | **E** |
| **HST Collected (D) minus HST Claimed (E)**  **If negative amount you will receive a refund; if positive amount please enclose a cheque** | | | **$** |  |

**By the 15th of the month following your camp/event, send form and payment (if applicable) to: Girl Guides of Canada-Guides du Canada, Newfoundland and Labrador Council (address at top).**

Charitable Organization Registration Number: 11893 8554 RR 0008

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**HST Rebate Claim Form**

Units, Districts and Areas may be entitled to a 50% rebate on HST paid on purchases of supplies, rentals, etc. used in the everyday running of Units or Councils. Complete this form, attach receipts (keep copies for your records), and send to the Provincial Office at the address above.

**Important Note:** When you run an Event/Camp and charge a fee to participants, you must charge HST on the fee. You can then claim 100% of the HST paid on purchases of supplies, rentals, etc. used in running the Event/Camp. (Use form “**HST Remittance and Claim Form”** to claim.)

**THE FOLLOWING DETAILS MUST BE PROVIDED. Please attach receipts, keep copies for your records. HST on purchases from Girl Guides of Canada may NOT be claimed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SUPPLIER'S NAME (If you have more than one**  **receipt from a supplier, you may add them together)** | **SUPPLIER'S HST (Business) Number** | **PURCHASE**  **AMOUNT** | **HST**  **PAID** |
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|  |  |  |  |
|  | Total HST Paid | |  |
|  | Amount of HST Claimed  (50% of Total HST Paid) | | **$\_\_\_\_\_\_\_** |
| **Name of UNIT or DISTRICT or AREA or TREFOIL GUILD:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address to which cheque should be mailed:  c/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)  e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

Charitable Organization Registration Number: 11893 8554 RR 0008

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