


SOCIAL SERVICE TAX RETURN

Under the *Social Service Tax Act*

Business Number	
Registration Number	R
DUE DATE 	
<i>To avoid penalty & interest, see below</i>	
Period Covered	



Questions?
Call the Consumer Taxation Branch:
In Vancouver 604 660-4524
Outside of Vancouver 1 877-388-4440



Refer to **Bulletin SST 032** for instructions on completing the tax return. It is available from any branch office or on our website: www.sbr.gov.bc.ca/ctb



Mail the Remittance Form, your payment, and any required documentation to:
The Commissioner, Social Service Tax
PO Box 9443 Stn Prov Govt, Victoria BC V8W 9W7

NO Tax Collectable in this Period? You Must Still File a "NIL" Return.

Mail or fax (250 356-1330) **both sides** of this Remittance Form to the branch.

To avoid penalty and interest your return and payment must be:

- received and dated on or before the due date by a financial institution, Service BC - Government Agent or ministry office, or
- if mailed, received by the ministry on or before the close of business (4:30 pm) on the 23rd of the month following the end of your reporting period to be considered on time. Returns postmarked but not received by the due date are not on time.**

In all cases, payments must be negotiable on or before the due date.

If your tax return is late, you may be assessed a penalty equal to 10% of the tax due. Commission will be disallowed and interest assessed.

If you do not receive a tax return for a reporting period, you still must pay your taxes by the due date. Provide all information normally provided on the return. A blank form is available on our website at: www.sbr.gov.bc.ca/ctb/forms.htm. Financial institutions cannot process returns printed off the Internet. Mail, fax, or bring this form to any Consumer Taxation Branch or Service BC - Government Agent office.

Commission Eligibility:

Each business (legal entity) may claim only one commission for each reporting period, even if it has more than one registration number and files more than one tax return. Claim the commission only on the registration number specified by the branch.

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering the *Social Service Tax Act* under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, Ministry of Small Business and Revenue, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) Email: FOI.QRYS@gov.bc.ca

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DETACH HERE AND FORWARD WITH YOUR PAYMENT

Remittance Form SOCIAL SERVICE TAX RETURN

Registration Number

R

DUE DATE 

To avoid penalty & interest, see above

Period Covered

If filing period is different, enter the correct period

mm / dd / yy to mm / dd / yy

ENTER AMOUNT PAID

Make cheque or money order payable to Minister of Finance (OVER)



Legal Name of Business

Business Closed – permanently or temporarily?

YES? Check the box and do the following:

- Notify us that you have closed your business** or you will continue to receive tax returns that you must file even if no tax is due. If you **DO NOT** file the returns, you will be assessed for the estimated tax collected, penalty and interest.
- Please mail or fax (250 356-2195) the following information:**
1) vendor name and registration number; 2) date of closure; 3) reason for closure; and 4) if sold, provide name, address, and phone number of purchaser.

NO Tax Collectable in this Period? You must still file a "NIL" return. See above for more details.

Social Service Tax Return Worksheet

STEP 1 Total Sales

Enter your taxable, non-taxable, and exempt sales in Box A. This includes in-province and out-of-province sales.

Total Sales

STEP 2 Tax Collectable on Sales

"NIL" Return: You must file this return even if NO tax was collectable. You can mail or fax (250 356-1330) both sides of the Remittance Form. Write your registration number on all pages.

Enter all tax that you have collected or should have collected (e.g., credit sales) in Box B. This includes the battery levy and the Innovative Clean Energy Fund levy. Refer to **Bulletin SST 032** for details regarding what to include on this line.

Tax Collectable on Sales

Commission (To deduct commission, you must submit your return and pay in full by the due date.)

If Box B is . . .	Enter in Box C . . .
\$11.00 or less	Amount of tax collectable
\$11.01 – \$333.33	\$11.00
More than \$333.33	3.3% of tax collectable. Maximum amount is \$99.00

Commission

Net Tax Due on Sales

$B - C = D$

STEP 3 Purchase Price of Taxable Goods

Used for vendor's consumption on which NO social service tax has been paid. Enter this amount in Box E

Purchase Price of Taxable Goods

Tax Due on Purchases

Enter tax on vendor's consumption purchases in Box F

Tax Due on Purchases

Tax Payable Before Adjustments

$D + F = G$

STEP 4 Adjustments

Only two adjustments can be taken. Any others will be disallowed. Check the applicable box(es) and enter the appropriate amount(s). You must keep documentation supporting each adjustment, for audit purposes. You must provide the documentation on request.

Goods Returned within 90 Days

Bad Debt Write-Off

Total Adjustments = $H + I = J$

STEP 5 Total Amount Due (Enter the amount paid on front of Remittance Form)

Make cheque or money order payable to:
Minister of Finance

A \$20 fee will be charged for dishonoured cheques.

$G - J = K$

Please proceed to Remittance Form below and fill in information from worksheet as directed

REMITTANCE FORM – Summary from Social Service Tax Return Worksheet

Please write your Registration No.

Teller Date Stamp

Total Sales (Enter amount from Box A)

Tax Collectable on Sales (Enter amount from Box B)

Commission (Enter amount from Box C)

Purchase Price of Taxable Goods for Vendor's Consumption (Enter amount from Box E)

Tax Due on Purchases (Enter amount from Box F)

Adjustments (Enter amounts from Boxes H, I & J)

For Office Use Goods Returned within 90 Days

Bad Debt Write-Off

Total Amount Due (Enter amount from Box K)

CERTIFICATION: I certify that the information I have provided on this form is true and correct, knowing that there are penalties for false statements.

Signature: _____ Print Name: _____ Daytime Telephone: (____) _____