



Special Olympics Ontario Inc.  
65 Overlea blvd. , Suite 200, Toronto Ontario M4H1P1

Part of District No.

**HARMONIZED SALES TAX CERTIFICATION REBATE CLAIM FORM**

CLUB/COMMUNITY/AFFILIATE NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT NAME. \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ROYAL BANK TRANSIT #06702 ACCOUNT No. \_\_\_\_\_

\*THIS CLAIM IS FOR THE PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_

50 PERCENT OF THE TOTAL GST PAID FROM ALL EXPENDITURE (A) \$ \_\_\_\_\_ 2.50

82 PERCENT OF THE TOTAL PST PAID FROM ALL EXPENDITURE (B) \$ \_\_\_\_\_ 6.56

(You MUST submit Part II computation to support your claim. Incomplete forms will be returned unclaimed)

**CERTIFICATION**

I, \_\_\_\_\_ (full name of person completing form)  
certify the accuracy of the information stated here in to the best of my knowledge, true and  
complete in every respect. Furthermore, I have maintained original records, which will be available  
upon demand or audit to support the above claim for a period of no less than 7 years as required by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

