



Distributor Remittance Form - Non Alcoholic Beverages

Distributor Name: _____ Registration# NL _____

Reporting Period: From _____ To: _____

Beverage Container Type	Units Sold (Taxable)		Units Sold (Zero-Rated)	
Aluminum		(a)		(a)
Glass		(b)		(b)
PET		(c)		(c)
Drink Boxes (Tetra)		(d)		(d)
Gable Tops (cartons)		(e)		(e)
Steel		(f)		(f)
Other Plastics		(g)		(g)
Total Number of Containers: add (a) to (g)		(h)		(i)
Rate:	X \$0.0765		X \$0.08	
Subtotal:		(j)		(k)
Total Remittance: add (j) and (k)	\$ _____			

Phone #: _____

Fax #: _____

E-mail: _____

MAKE CHEQUES PAYABLE TO:

MMSB

P.O. Box 8131, Station A

St. John's, NL A1B 3M9

Toll-Free 1-800-901-MMSB (6672)

Fax# 753-0948

Completed by: _____

Title: _____

Authorized Signature: _____

Date: _____

Instructions: Payments must be made to MMSB by the 10th of each month. Please notify MMSB of any changes to your account.