

**Rebate Application
Computer Purchased By/For
Physically, Visually or Hearing Impaired or Mentally Challenged Person
Rebate Based on Provincial Portion of the HST**

Eligibility Information

Rebate is equal to the lesser of \$375.00 or the provincial portion of the Harmonized Sales Tax (HST) paid on the purchase of a computer by an eligible person or on behalf of an eligible person who is physically or visually or hearing impaired or mentally challenged. The rebate is provided to assist with the cost of modifying the computer for use by a person who is physically or visually or hearing impaired or mentally challenged.

The rebate is limited to tax paid on computer hardware. Tax paid on computer software and stationary is not eligible for rebate.

An applicant/purchaser must be able to provide satisfactory evidence that tax has been paid. The **Purchaser** of the computer is the **only party** entitled to a rebate.

An application for rebate must be made within 24 months from the date that the tax was paid.

Documents required to be kept

All documentation supporting this rebate must be retained for audit purposes.

Instructions for completing the application

1. Give your details.
2. Provide details of the computer.
3. Provide the cost of the computer. The rebate is limited to a maximum of \$375.00 for purchases made on or after July 1, 2010, and \$300.00 for purchases made before July 1, 2010.
4. Attach a copy of the following documents to support your application:
 - a. A copy of the Bill of Sale or Sales Invoice under which the computer was purchased showing the purchase price, the HST paid, the name of the seller and buyer, the HST# of the seller and the make and model.
and
 - b. A certificate signed by a medical practitioner confirming that the applicant/purchaser or the person is physically or visually or hearing impaired or mentally challenged.

Note: Failure to supply the required documents may result in delays in processing or a denial of your application.

5. Before submitting the rebate application, review the application form to ensure that Sections 1, 2, 3, & 4 are complete and that the certification in Section 5 is signed.
Allow two to four weeks for processing. If your application is not complete, it will take longer.
6. Return the original copy of the rebate application to:

By Mail:

Service Nova Scotia and Municipal Relations
Refund Unit
PO Box 1523
Halifax, NS B3B 2Y3

By Delivery:

Service Nova Scotia and Municipal Relations
Maritime Centre, 9th Floor North
1505 Barrington Street
Halifax, Nova Scotia

For more information

Website: gov.ns.ca/snsmr/access/business/tax-commission/

Call: 424-6300 or 1-800-565-2336 toll free in Nova Scotia



Service Nova Scotia
and Municipal Relations
Refund Section
PO Box 1523,
Halifax, NS B3J 2Y3

HST - Computer for Physically, Visually or Hearing Impaired or Mentally Challenged Rebate Application

Please print clearly

Eligible Person: A person who is physically or visually or hearing impaired or mentally challenged.

Rebate: Equal to the provincial portion of the Harmonized Sales Tax (HST) paid on the purchase of a computer by an eligible person **or** on behalf of an eligible person.

1. Give us your details

Name _____ Contact Name _____
 Civic Address _____ Phone # _____
 (Civic Number and Street/Road/Hwy) Fax # _____
 Mailing Address _____ Email Address _____
 (PO Box or RR)
 City/Town _____ Province _____
 Postal Code _____

2. Provide details of the Computer

Brand/Make _____ Model _____
 Serial Number _____ Date of Purchase _____
 General Description _____

3. Attach medical certificate as confirmation of impairment or medical condition. (See attached blank form)

4. Enter your rebate information and attach supporting documentation. (See item 4 in instructions for required items)

Computer	Cost Before Tax	Rebate %	Rebate Amount	Maximum Rebate
Purchased on or after July 1, 2010	\$ _____	10%	\$ _____	\$375.00
Purchased before July 1, 2010	\$ _____	8%	\$ _____	\$300.00

5. Sign the Certification

 (See item 6 in instructions for delivery or mailing information)

I HEREBY CERTIFY that the information given in this application is true, complete and correct in every respect.

Name (please print): _____ Title: _____

Signature: _____ Date: _____
 (Signature of Applicant or Authorized Officer)

A person who makes a false statement in contravention of the Revenue Act or Regulations is guilty of an offence.

Office Use Only

Claimed \$ _____ Adjustments \$ _____ Approved \$ _____

Authorized By _____ Date _____

Medical Certificate

Please print clearly

Certification

I certify that the patient _____ is
(Last) (First) (Initial)

visually impaired.

hearing impaired.

physically or mentally challenged.

Registered Medical Practitioner

Name

(Last) (First) (Initial)

(Signature) Phone Number _____

Date _____, 20____
(Month) (Day)