

Mailing Address:

PO Box 9328 Stn Prov Govt

Victoria BC V8W 9N3 gov.bc.ca/miningtaxes

# EXPLORATION ACCOUNT RETURN

under the Mineral Tax Act

### HOW TO FILE YOUR RETURN

- go online using eTaxBC at gov.bc.ca/etaxbc/ myaccount, or
- send this form by mail to the address above.

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the Mineral Tax Act under the authority of section 26(a) of the FOIPPA. Questions about the collection or use of this information can be directed to the Manager, Natural Resource Revenue Operations, PO Box 9328 Stn Prov Govt, Victoria BC V8W 9N3 (telephone: Victoria at 250 952-0192 or toll-free at 1 800 667-1182). Email: MOG.Mineral.Tax@gov.bc.ca

FOR OFFICE USE ONLY

| FULL NAME OF OPERATOR (for india  | DATE RECEIVED<br>YYYY / MM / DD          |                  |                          |         |
|---|--|------------------|--------------------------|---------|
| MAILING ADDRESS OF OPERATOR (   | include street or PO box, city, province | and postal code) |                          | CHECK ( |
| BUSINESS NUMBER (9 digits) ACCOUNT NUMBER CONTACT NAME (if different from Operator) |  | rator)           | CONTACT TELEPHONE NUMBER |         |
|   | MTE –                                    |                  |                          | ( )     |
| CONTACT ADDRESS (include street or PO box, city, province and postal code)          |  |                  | DRESS                    |         |
| PART 2 – EXPLORATION AC   | COUNT                                    |                  |                          |         |
| FISCAL YYYY/MM/DD   | END<br>YYYY/MM/DD                        |                  |                          |         |
| 1 EXPLORATION ACCO<br>FISCAL YEAR   |  |                  |                          |         |
| 2 ADD: Exploration expe   |  |                  |                          |         |
| 3 DEDUCT: Exploration   |  |                  |                          |         |
| 4 DEDUCT: Proceeds or   |  |                  |                          |         |
| 5 <b>DEDUCT:</b> Other forms  |  |                  |                          |         |
| 6 SUBTOTAL A (sum of  |  |                  |                          |         |
| 7 DEDUCT: Allocation to   |  |                  |                          |         |

SUBTOTAL B (Line 6 minus Line 7) 8

9 ADD: Investment allowance (from Line 16 on Page 2)

### 10 END BALANCE (sum of Line 8 and Line 9)

#### BRITISH Ministry of COLUMBIA Finance

**GENERAL INQUIRIES** 

Telephone: 250 952-0192 Toll-free: 1 800 667-1182 Email: MOG.Mineral.Tax@gov.bc.ca

## INSTRUCTIONS

- · File a return for each fiscal year if:
  - you have one or more commercial mining operations in BC, except for placer gold mines and quarries,
  - you had exploration costs during the fiscal year of one of those mines, and
  - your exploration costs were incurred in BC.
- · Report all amounts in Canadian dollars.
- · File this return by the last day of the sixth month following the end of your fiscal year of operations.
- · For help in completing this form, please see our website at gov.bc.ca/miningtaxes

## PART 1 – BUSINESS INFORMATION

| PART 3 – INVESTMENT ALLOWANCE CALCULATION  |                      |
|--|----------------------|
| 11 EXPLORATION ACCOUNT BALANCE AT THE END OF OPERATOR'S PRECEDING<br>FISCAL YEAR (from Line 1 on Page 1) |                      |
| 12 SUBTOTAL B (from Line 8 on Page 1)  |                      |
| 13 TOTAL (sum of Line 11 and Line 12)  |                      |
| 14 AVERAGE BALANCE (Line 13 divided by 2)  |                      |
| 15 INVESTMENT ALLOWANCE RATE (%)   |                      |
| 16 INVESTMENT ALLOWANCE (Line 14 multiplied by Line 15; to Line 9 on Page 1)                             |                      |
|  |                      |
| PART 4 – OTHER FORMS OF ASSISTANCE (if applicable)   |                      |
| PART 4 – OTHER FORMS OF ASSISTANCE ( <i>if applicable</i> )<br>DESCRIPTION                               | ASSISTANCE<br>AMOUNT |
|  |                      |
|  |                      |
|  |                      |
|  |                      |

\* Attach a separate sheet if additional space is required.

TOTAL (to Line 5 on Page 1)

#### PART 5 – ALLOCATION TO MINES (if applicable)

| ACCOUNT<br>NUMBER     | MINE NUMBER<br>(7 digits) |                | FILING PERIOD ENDING<br>YYYY / MM / DD | ALLOCATION<br>AMOUNT |
|-----------------------|---------------------------|----------------|--|----------------------|
| MTR –                 |                           |                |  |                      |
| MTR –                 |                           |                |  |                      |
| MTR –                 |                           |                |  |                      |
| * Attach a separate s | heet if additional space  | e is required. | <b>TOTAL</b><br>(to Line 7 on Page 1)  |                      |

PART 6 - CERTIFICATION

The taxpayer or an authorized signing authority must make the following declaration.

Ι, \_

\_\_\_\_, certify that, to the best of

Print full name of taxpayer (if an individual) or name of authorized signing authority (if a corporation or a trust)

my knowledge and belief, all of the information given in this return is true, correct and complete in all material respects.

| SIGNATURE OF TAXPAYER OR AUTHORIZED SIGNING AUTHORITY | POSITION OR OFFICE | DATE SIGNED<br>YYYY / MM / DD |
|---|--------------------|-------------------------------|
| X   |                    |                               |

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