

Mailing Address: PO Box 9444 Stn Prov Govt Victoria BC V8W 9W8 gov.bc.ca/incometaxes

IBA TAX REFUND OF AN INTERNATIONAL PATENT BUSINESS

under the International Business Activity Act

General Inquiries: 250 953-3082 Toll-free: 1 877 387-3332 Fax Number: 250 356-0434

DATE RETURN RECEIVED YYYY / MM / DD DATE ALL BASIC INFORMATION RECEIVED YYYY / MM / DD

INSTRUCTIONS

- This form must be completed by a registered corporation claiming a tax refund under the *International Business Activity Act* (IBA) for an international patent business.
- · All applicable information must be provided.
- For more information, refer to **How to Complete the IBA Tax Refund of a Corporation**.

Freedom of Information and	Protection of	Privacy Act	(FOIPPA)
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The personal information on this form is collected for the purpose of administering the *International Business Activity 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, Intergovernmental Relations, PO Box 9444 Stn Prov Govt, Victoria BC V8W 9W8 (telephone: Victoria at 250 387-3332 or toll-free at 1 877 387-3332. Email: ITBTaxQuestions@gov.bc.ca

1. Identification LEGAL NAME	START OF TAX YEAR YYYY/MM/DD	END OF TAX YEAR YYYY/MM/DD	IF FIRST YEAR, PROVIDE DATE OF IBA REGISTRATION YYYY/MM/DD				
Has the corporation changed its name since the last time the M	BUSINESS NUMBER (9 digits)						
YES NO If YES , attach a copy of the articles	(5 digits)						
MAILING ADDRESS (include street or PO box, city, province and pos	ACCOUNT NUMBER (5 digits)						
LOCATION OF BOOKS AND RECORDS – IF DIFFERENT THAN MAILING ADDRESS (include street or PO box, city, province and postal code)							
LOCATION OF FIXED PLACE OF INTERNATIONAL PATENT BUSINESS – IF DIFFERENT THAN MAILING ADDRESS (include street or PO box, city, province and postal code)							
2. Contact Information NAME POSITION	TELEPHONE NUMBER	EMAIL ADDRESS					
	()						
	his the final tax year ore amalgamation?		final IBA return? ach reason(s).				
Amalgamation? YES NO	YES NO	YES	NO				
6. Is the corporation a resident of Canada?							
YES NO If NO , provide the country of residence:							
7. Is the corporation exempt from tax under section 27 of the Income Tax Act?							
YES NO							
8. Is this an amended IBA return?							
YES NO If YES , answer the following:							
A. Is this return the result of a CRA adjustment? B. Is payment enclosed (if applicable)? C. If YES, provide the amount of payment:							
YES NO	YES NO	\$					

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9.	Type of Patent		
	Life Science Clean Power Generation Waste Water Trea	tment Fuel Cell Tech	nology
10.	Calculation of Adjusted Income		
A.	Net income of corporation per section 3 of the <i>Income Tax Act</i> (Canada) (fe (Line 300 of T2) – <i>if negative</i> , <i>enter 0</i>	deral Act)	A
B.	B. ADD: Additions for foreign tax deductions as per section 110.5 of the federal Act (Line 355 of T2) – if Box 10A is zero, enter 0		В
	DEDUCT: Any of the following amounts the corporation has deducted		
	C. Net capital losses of preceding tax years (Line 332 of T2)	С	
	D. Net capital losses of subsequent tax years	D	
	E. Taxable dividends deducted under section 112 or 113, or subsection 138(6) of the federal Act (Line 320 of T2)	E	
F.	Subtotal	C + D + E =	F
G.	Adjusted income – if negative, enter 0	A + B - F =	G TO BOX 12A
44	Coloulation of British Columbia Borosatana of Fodoral Toyobla Income		
11.	Calculation of British Columbia Percentage of Federal Taxable Income		
A.	Taxable income for British Columbia (Page 1 of Schedule 427 of T2)		A
B.	DIVIDED BY: Federal taxable income (Line 360 of T2)		В
C.	British Columbia percentage of federal taxable income	A ÷ B =	C %
12.	Calculation of Eligible Proportion of Income		
A.	Adjusted income	FROM BOX 10G	
B.	MULTIPLIED BY: British Columbia percentage of federal taxable income	B %	
C.	British Columbia adjusted income	A x B =	С
D.	Total adjusted IB income (loss) (from FIN 575 or FIN 576)	D	TO BOX 12E
E.	DIVIDED BY: British Columbia adjusted income	E FROM BOX 12C	
F.	Eligible proportion of income	D ÷ E =	F
	– if negative, enter 0; if greater than 1, enter 1	D + E =	TO BOX 13A

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13. Calculation of Tax Refund					
A. Eligible proportion of income		A			
MULTIPLIED BY		FROM BOX 12F			
LESSER OF:					
B. Net British Columbia tax payable (Line 244 of T2SCH5*)	В				
C. British Columbia tax before credits (Line 240 of T2SCH5*)	С				
* If T2SCH5 is not applicable, enter amount from Line 760 of T2					
D. Net tax payable – if either Box 13B or Box 13C is negative, enter	0 Lesser of B and C =	D			
E. SUBTOTAL	A x D =	Е			
LESSER OF:					
F. Eligible tax refund E x 75	5% = F				
G. Refund limit (enter \$8 million or prorated portion of \$8 million)	G				
H. Associated corporation refund limit (if corporation is not associated, enter \$8 million)	Н				
I. Maximum eligible tax refund	Lesser of F, G and H =	I			
J. Tax refund claimed (not to exceed Box 13I)		J			
K. LESS: Tax refund previously determined (if applicable)		К			
L. Tax refund (net)	J – K =	L			
14. Supporting Documentation					
Statement of Adjusted IB Income (FIN 575 or FIN 576)					
Authorization or Cancellation of a Representative (FIN 564)					
ATTACHMENTS					
A copy of the financial statements and corporate income tax return (T2) file	d for the tax year with the Canada Rev	enue Agency (CRA)			
A copy of all Notices of Assessment or Reassessment issued by the CR	RA for the tax year				
A copy of the Statement of Account issued by the CRA					
List of directors and contact information					
List of related or affiliated persons					
List of international financial activities or qualifing transactions					
15. Certification – An authorized signing authority must make the following declaration.					
I,, certify that, to the best of my					
(Full Legal Name) knowledge and belief, all of the information given in this application is true, correct and complete in all material respects.					
SIGNATURE OF AUTHORIZED SIGNING AUTHORITY	POSITION	DATE SIGNED YYYY / MM / DD			
X					

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