



BRITISH
COLUMBIA

Ministry of
Finance

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

NOTICE OF REVOCATION OF WAIVER

Under Part 11.1 of the Forest Act

General Inquiries: 250-953-3082
Toll Free: 1-877-387-3332
Email: ITB.Operations@gov.bc.ca

INSTRUCTIONS:

- For use by a client to revoke a **Waiver of the Assessment Period (FIN 144)** previously filed.
- A separate Notice of Revocation of Waiver for each waiver to be revoked, together with a copy of the relevant waiver, must be filed with the Commissioner.
- The waiver in respect of which this notice is filed will be revoked after the day that is six months after the date this notice is filed. Where the notice is sent by mail it is considered to have been filed on the day that the envelope containing the notice is postmarked.

- A **Notice of Revocation of Waiver cannot be rescinded or cancelled** after it has been filed.
- This Notice of Revocation must be signed, by the client, legal representative, or authorized signing officer.

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information on this form is collected for the purpose of administering the Forest Act under the authority of sections 26(a) and (c) 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

NAME OF CLIENT (if there has been a name change or amalgamation, also indicate the previous name in brackets)

ADDRESS (include street or PO box, city, province and postal code)

CLIENT NUMBER	REVOCATION OF WAIVER FOR THE PERIOD	FROM YYYY / MM / DD	TO YYYY / MM / DD

I hereby revoke the attached waiver.

NAME OF CLIENT, LEGAL REPRESENTATIVE OR AUTHORIZED SIGNING OFFICER

POSITION OR OFFICE

SIGNATURE OF CLIENT, LEGAL REPRESENTATIVE OR AUTHORIZED SIGNING OFFICER

DATE SIGNED
YYYY / MM / DD

X

FOR OFFICE USE ONLY

DATE FILED WITH
THE COMMISSIONER

YYYY / MM / DD

SIGNATURE OF COMMISSIONER

POSITION OR OFFICE

DATE SIGNED
YYYY / MM / DD

X