

**Property Transfer Tax Inquiries** 

Victoria: 236-478-1593 Toll free: 1-888-841-0090 gov.bc.ca/propertytransfertax

## ADDITIONAL PROPERTY TRANSFER TAX APPLICATION FOR REFUND

under the Property Transfer Tax Act

## **INSTRUCTIONS**

- Find out if you qualify for a refund of the additional property transfer tax on our website.
- Print, sign and scan the form (along with any attachments) and send electronically using our online service or email it to ATTENQ@gov.bc.ca.
- If you need more space to complete the form, attach additional pages.
- · All transactions will be audited.

Tax rate: The current tax rate is 20%.

If the property transfer was registered on or before February 20, 2018 the tax rate was 15%.

Privacy Statement – The personal information on this form is collected for the purposes of the administration or enforcement of the Property Transfer Tax Act under the authority of section 26(a) of the Freedom of Information and Protection of Privacy Act. Information provided may be verified by accessing relevant records available to the administrator. The information collected may be used or disclosed for purposes of other provincial acts that provide for the imposition and collection of a tax. It may also be disclosed to other federal or provincial public bodies to the extent authorized by law. Questions about the collection or use of this information can be directed to the Director, Property Transfer Tax, PO Box 9427 Stn Prov Govt, Victoria, BC V8W 9V1 (telephone: Victoria at 236-478-1593 or toll free at 1-888-841-0090).

PART A - PURCHASER / TRANSFEREE - Li	st all purchasers acquiring an interest in th	e property with th	is transaction	
Number of purchasers that acquired an interest in the property with this transaction	DATE OF REGISTRATION YYYY / MM / DD PARCEL IDENTIFIE		R (PID) OR TITLE NUMBER	
ADDRESS OF PROPERTY PURCHASED (include street, city and province)			POSTAL / ZIP CODE	
PURCHASER 1 – Check (√) one: Individu	ual Corporation Other	Percentage interest acquired %		
LAST NAME / LEGAL CORPORATION NAME	GIVEN NAME(S)	DATE OF BIRTH YYYY/MM/DD	SOCIAL INSURANCE NUMBER OR BUSINESS NUMBER	
MAILING ADDRESS (include street or PO box, city, proving	nce/state/territory and country)		POSTAL / ZIP CODE	
COUNTRY OF CITIZENSHIP	Since the date of registration with the Land Title Office, you became a:	Canadian Citizen	Permanent Resident	
Were you a BC Provincial Nominee at the time of registration?	property transfer tax	Are you applying for a refund of the additional property transfer tax as general partner or bare trustee of a limited partnership?		
	See Part C for Supporting Documents			
PURCHASER 2 – Check (√) one: Individu	al Corporation Other	Percentage interest acquired%		
LAST NAME / LEGAL CORPORATION NAME	GIVEN NAME(S)	DATE OF BIRTH YYYY / MM / DD	SOCIAL INSURANCE NUMBER OR BUSINESS NUMBER	
MAILING ADDRESS (include street or PO box, city, provin	ice/state/territory and country)		POSTAL / ZIP CODE	
COUNTRY OF CITIZENSHIP	Since the date of registration with the Land Title Office, you became a:	Canadian Citizen	Permanent Resident	
Were you a BC Provincial Nominee at the time of registration?	property transfer tax	Are you applying for a refund of the additional property transfer tax as general partner or bare trustee of a limited partnership?		
	See Part C for Supporting Documents			

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PART B - REFUND INFORMAT	ION				
Complete the table below for each row blank. Attach additional pages	purchaser/transferee <b>that qualifies</b> if more space is required.	for a refund. If a purchaser/trans	feree does not qualify, leave the		
	PERCENTAGE OF OWNERSHIP TRANSFERRED	TAXABLE RESIDENCE VALUE	ADDITIONAL PROPERTY TRANSFER TAX PAID		
	Α	В	A x B x TAX RATE = C		
PURCHASER 1	%	\$	\$		
PURCHASER 2	%	\$	\$		
TOTAL ADDITIONAL PROPERTY TRANSFER TAX REFUND (Sum of Column C)			\$		
PART C - SUPPORTING DOCU	MENTS				
Copy of proof of Canadian citize	enship or permanent residency (if appli	cable)			
Copy of BC Provincial Certificate of Nomination (if applicable)					
Copy of limited partnership agreement and/or trust agreement (if applicable)					
PART D - CERTIFICATION					
IMPORTANT – This portion of the return must be signed by ALL purchaser(s)/transferee(s)					
I certify and declare that the information given in this application is complete and correct in all respects. I acknowledge that the penalties for tax avoidance or providing false information are the amount of unpaid tax, plus interest and a fine and/or up to two years imprisonment.					
PURCHASER 1 – SIGNATURE	FULL LEGAL NAM	E	TELEPHONE NUMBER (DAYTIME)		
X					
EMAIL ADDRESS			DATE SIGNED YYYY/MM/DD		
PURCHASER 2 – SIGNATURE	FULL LEGAL NAM	E	DATE SIGNED YYYY / MM / DD		

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TELEPHONE NUMBER (DAYTIME)

X EMAIL ADDRESS