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

## IBA TAX REFUND OF

AN IB SPECIALIST
under the International Business Activity Act

| FOR OFFICE USE ONLY |  |
| :--- | :--- |
| DATE RETURNRECEIED <br> YYYY/MM / DD | DATE ALL BASIIINFORMATION RECEIVED <br> YYYY/ MM / DD |

## INSTRUCTIONS

- This form must be completed by an IB specialist claiming a tax

Freedom of Information and Protection of Privacy Act (FOIPPA) 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 1877 387-3332. Email: ITBTaxQuestions@gov.bc.ca
Toll-free: 1877 387-3332
Fax Number: 250 356-0434 refund under the International Business Activity Act (IBA).

- All applicable information must be provided.
- For more information, refer to How to Complete the IBA Tax

| TAX YEAR FOR WHICH RETURN IS FILED | SOCIAL INSURANCE NUMBER |
| :---: | :---: |
| ACCOUNT NUMBER <br> (5 digits) | TELEPHONE NUMBER |
| S | $(\quad)$ |

2. Employer Identification

NAME OF EMPLOYER(S) DURING PERIOD FOR WHICH CLAIM IS MADE

TELEPHONE NUMBER
( )

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

## 3. Registration Status

DATE OF REGISTRATION YYYY/MM/DD Is this your final IB
specialist return? $\quad \square$ YES $\quad \square$ NO If YES, attach reason(s).
4. Is this an amended IB specialist return?
$\square$ YES $\quad \square$ NO If YES, answer the following:
A. Is this return the result of a CRA adjustment?
B. Is payment enclosed (if applicable)?
YES $\square$
C. If YES, provide the amount of payment:


YES

\$

## 5. Type of IB Specialist

International Financial Business Specialist $\square$ Administrative Support Services or Back-Up Office Services SpecialistExecutive Specialist $\square$ Designated International Business Specialist
## 6. Supporting Documentation

$\square$ Authorization or Cancellation of a Representative (FIN 564)

## ATTACHMENTS

$\square$ A copy of the Income Tax and Benefit Return (T1) filed for the tax year with the Canada Revenue Agency (CRA)A copy of all Notices of Assessment or Reassessment issued by the CRA for the tax yearA copy of the Statement of Account issued by the CRAA copy of the employer's report
7. Calculation of IB Income

8. Calculation of IB Specialist Tax Refund
A. IB income

B. DIVIDED BY: British Columbia income (Line 150 of T1) $\square$
C. Eligible proportion of income - if negative, enter 0; if greater than 1, enter 1
$A \div B=$ $\square$
D. British Columbia Tax (last line of BC428)
E. DEDUCT: British Columbia Credits (last line of BC479)
F. Net tax payable - if negative, enter 0
$D-E=F$
$C \times F=G$
H. Applicable percentage

I. Tax refund

G $\times \mathbf{H}=$

J. DEDUCT: Tax refund previously determined (if applicable)
K. Increase (decrease) in tax refund
$\mathrm{I}-\mathrm{J}=$
9. Certification - I certify that the information given in this return and in any documents attached is true, correct and complete in every respect. SIGNATURE OF AUTHORIZED SIGNING AUTHORITY

POSITION
DATE SIGNED
YYYY/MM/DD

## X

 Clear Form