

Mailing Address: PO Box 9328 Stn Prov Govt Victoria BC V8W 9N3 gov.bc.ca/miningtaxes

## MINE INSPECTION FEE RETURN MINERAL OR COAL MINE

under the Mines Act

## **GENERAL INQUIRIES**

Telephone: 250 952-0192 Toll-free: 1 800 667-1182

Email: MOG.Mine.Inspection.Fee@gov.bc.ca

## **INSTRUCTIONS**

- File the return if you are a Mines Act permit holder.
- File a return each period until reclamation is complete and the reclamation security is returned.
- · Complete a separate return for each mine.
- · Report all amounts in Canadian dollars.
- This return is valid for periods commencing July 1, 2015 and subsequent years.
- File the return and pay the fee:

Filing period Pay on or before

January – June July 31

July – December January 31 of the year following the filing period

 For help in completing this form and payment instructions, see our website at gov.bc.ca/miningtaxes

## **HOW TO FILE YOUR RETURN**

- Go online using eTaxBC at gov.bc.ca/etaxbc/myaccount, or send this form and payment (if required) by mail using the address above.
- · Make cheques or money orders payable to Minister of Finance.

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering the *Mines Act* under the authority of section 26(c) 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.Mine.Inspection.Fee@gov.bc.ca

MINE INFORMATION			
1 MINE NAME	2 MINE NUMBER (7 digits)	3 ACCOUNT NUMBER	4 BUSINESS NUMBER (9 digits)
		MIM –	
5 FULL LEGAL NAME OF PERMIT HOLDER (for individuals, include first name	me, middle initial, last name)	6 DRIVER'S LICENCE / BCID N	NUMBER (only if no business number)
7 MAILING ADDRESS OF PERMIT HOLDER (include street or PO box, city,	province and postal code)	CHECK (✓) THIS BOX IF THIS IS A NEW MAILING ADDRESS	9 CHECK (✓) THIS BOX IF THIS IS AN AMENDED RETURN
10 CHOOSE ONE (✓) FILING PERIOD (enter year)			
January 1 to June 30, 20 July 1 to	December 31, 20	_	
CONTACT INFORMATION		_	
11 CONTACT NAME	12 CONTACT TELEPHONE	NUMBER 13 CONTACT EMA	AIL ADDRESS
	( )		
14 CONTACT POSITION / TITLE	1	1	
MINE INSPECTION FEE PAYABLE			TOTALS
Payroll as determined for the purposes of the <i>Workers Compensation Act</i>			
Taylor do dotomino dio parposos or the Workers Compensation Not			
Mine inspection fee payable	Line 100 x 0.007 (if less than \$300, enter \$0)		

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