



Waiver of the Time Period for Assessment

under the Employer Health Tax Act

Instructions

- Complete this form to waive the time period for assessment related to the Employer Health Tax (EHT).
Provide an explanation of the matter(s) being waived in Part 2.
A waiver may only be revoked by filing a Notice of Revocation of Waiver (FIN 587).
This waiver must be signed by the taxpayer, legal representative or authorized signing officer.

How to Submit the Form

Email your completed form to: ITBTaxQuestions@gov.bc.ca

General Inquiries

In Victoria: 250-387-3332
Toll free: 1-877-387-3332
Email: ITBTaxQuestions@gov.bc.ca

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering the Employer Health Tax 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

Part 1 - Taxpayer Information

Full Legal Name of Taxpayer

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

Employer Health Tax Account Number

Applicable Taxation Year

Part 2 - Explanation of Waiver Request

The waiver of the assessment period referred to in section 46(2) of the Employer Health Tax Act states that a person may file a waiver with the commissioner before the expiration of the normal reassessment period for the calendar year.

Specify the matter(s) you are waiving and attach additional pages if more space is required:

Part 3 - Authorization

Name of Taxpayer, Legal Representative or Authorized Signing Officer

Position or Office

Signature of Taxpayer, Legal Representative or Authorized Signing Officer

Date Signed
yyyy / mm / dd

X