



Notice of Revocation of Waiver

under the Employer Health Tax Act

Instructions

- Complete this form to revoke a previously filed Waiver of the Time Period for Assessment (FIN 586), under subsection 46(3) of the Employer Health Tax Act.
A separate notice must be filed with the commissioner for each waiver to be revoked.
The revocation becomes effective six months after the date the notice is filed.
This notice cannot be cancelled once it has been filed.
This notice 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 - Waiver Revocation Declaration

I hereby revoke the previously filed waiver.

Name of Taxpayer, Legal Representative or Authorized Signing Officer

Position or Office

Signature of Taxpayer, Legal Representative or Authorized Signing Officer

Date Signed
yyy / mm / dd

X

For Office Use Only

Date Filed With the Commissioner

yyy / mm / dd

Signature of Commissioner

Position or Office

Date Signed
yyy / mm / dd

X