



NOTICE OF REVOCATION OF WAIVER

Pursuant to the *Logging Tax Act*

General Inquiries: 250 953-3082
Toll-free Enquiry BC: 1 800 663-7867
Fax Number: 250 356-0434

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering the *Logging Tax Act* under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) E-mail: FOI.QRYS@gov.bc.ca

INSTRUCTIONS:

- For use by a taxpayer to revoke, pursuant to section 20(4) of the *Logging Tax Act*, a *Waiver of Assessment Period (FIN 192)* previously filed.
- A separate notice for each waiver to be revoked, together with a copy of the relevant waiver, must be filed with the Commissioner of Income Tax.
- Where a waiver was required under former section 20(3)(b) of the *Logging Tax Act*, this notice must be accompanied by a notice that the waiver, objection or appeal filed under the *Income Tax Act (Canada)* has been terminated, and a copy of any resulting reassessment under the *Income Tax Act (Canada)*.
- The waiver in respect of which this notice is filed will be revoked after the day that is six months after the date this notice is filed. Where the notice is sent by mail, it is considered to have been filed on the day that the envelope containing the notice is postmarked.
- **A notice cannot be rescinded or cancelled** after it has been filed.
- This notice must be signed by the taxpayer, legal representative or authorized signing officer.
- **Please type or print clearly.**

NAME OF TAXPAYER (If there has been a name change or amalgamation, also indicate the previous name in brackets)

ADDRESS

ACCOUNT NUMBER

REVOCATION OF WAIVER
FOR THE TAXATION
YEAR ENDED

YYYY / MM / DD

I hereby revoke the attached waiver.

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

FOR OFFICE USE ONLY

DATE FILED WITH
THE COMMISSIONER

YYYY / MM / DD

SIGNATURE OF COMMISSIONER

POSITION OR OFFICE

DATE SIGNED

YYYY / MM / DD

X