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## RETURN OF UNLICENSED INSURANCE

under the *Insurance Premium Tax Act* 

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering the *Insurance Premium 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

#### **INSTRUCTIONS**

- You must complete this return for all unlicensed insurance contracts, except for marine insurance that is not pleasure craft insurance.
- You may report more than one contract of unlicensed insurance on the same return if the start dates of the contracts are the same (Box 083).

			• See Page 2 for a	dditional instruc	ctions before com	pleting this return.
002 FULL LEGAL NAME OF INSURED			If you have an IPN Account Number, enter it below. If not, provide your PST Account Number.		FOR OFFICE USE ONLY  OOO DATE RETURN RECEIVED YYYY / MM / DD	
MAILING ADDRESS (include street or PO box, city, province and postal code)			003 ACCOUNT NUMBER		025	
001 BUSINESS NUMBER (9 digits)			or PST-		007 DRIVER'S LICENCE / BCID NUMBER (only for individuals not corporations)	
020 TELEPHONE NUMBER	024 EMAIL ADDRESS		083 CONTRACT START DATE YYYY/MM/DD		076 Is this a taxpayer requested adjustment to the return?  YES NO	
,	<u>'</u>					
PARTICULARS OF INSURA		094 77704	144	445 50051011	446 50	47 00 00514440
081 NAME OF UNLICENSED INSURER	082 POLICY NUMBER	(MONTHS)	14 TOTAL PREMIUM	FOREIGN EXCHANGE RATE		17 BC PREMIUMS
					%	
					%	
					%	
					%	
					%	
					%	
					%	
					%	
844 SUBTOTAL (Sum Column 117)						
				Tax rate		7%
846 TOTAL TAX DUE (Line 844 X 7%)						
CERTIFICATION – The taxp	ayer or an authorized sign	ing authority	must make the foll	lowing declara	ition.	
950 I,	of taxpayer (if an individual) or name of	authorized signing a	uthority (if a corporation or		, certify that, to th	ne best of my
knowledge and belief, all of the	ne information given in this re	eturn is true, co	orrect and complete	in all material r	respects.	
946 SIGNATURE OF TAXPAYER OR AUTHORIZED SIGNING AUTHORITY			SITION OR OFFICE		955 DATE SIGNED YYYY / MM / DD	
×						

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# INSTRUCTIONS FOR COMPLETING THE RETURN OF UNLICENSED INSURANCE

### **GENERAL INSTRUCTIONS**

Unlicensed insurance is any contract of insurance with an insurer who is not licensed in BC under the *Financial Institutions Act*, is not a prescribed insurer, or is not a member of a prescribed class of insurers.

Tax is based on the BC premium paid or payable or the premium note given under the contract, or the mutual or other liability assumed under the contract. The rate of tax is 7% of the BC premium. A BC premium is a premium under an insurance contract for a person that is a resident of BC or a property situated in BC. If an insurance contract covers risks located in more than one jurisdiction, the portion of the premium covering risks located in BC is considered the BC premium.

This return must be filed, and the tax paid, within 90 days of entering into a contract of insurance with an unlicensed insurer. If your tax return and payment are not received on time, penalties and interest may be applied.

CONTRACT START DATE (Box 083): You may report more than one contract of unlicensed insurance on the same return if the start dates of the contracts are the same.

PARTICULARS OF INSURANCE: If you require more space, please attach another return.

### **REFUNDS**

You may claim a refund if any part of the premium is refunded as a result of cancellation or other revision of the contract. Provide an explanation, ensure that the policy number and contract start date match the original return, and attach a copy of the declaration page of the cancelled or revised contract.

#### SUPPORTING DOCUMENTS

Include the following documents with your return:

- · a copy of the declaration page of each insurance contract
- if only a portion of the premium relates to BC risks, include a schedule detailing how you calculated the BC premiums
- if your insurance agent represents you on insurance premium tax matters, a completed *Authorization* form (FIN 573).

### HOW TO FILE YOUR RETURN

To file your return and make a payment:

- go online using eTaxBC at gov.bc.ca/etaxbc/myaccount, or
- send this form and payment (if required) by mail, courier or in person. Cheques or money orders must be in Canadian funds and payable to the Minister of Finance.

Update your address or account information:

- online using eTaxBC at gov.bc.ca/etaxbc/logon, or
- by telephone, email or mail using the contact information at the top of Page 1.

If you need assistance in completing your return, contact us or refer to our website at **gov.bc.ca/incometaxes** 

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