



IBA TAX REFUND OF A CORPORATION under the International Business Activity Act

General Inquiries: 250 953-3082 Toll-free: 1 877 387-3332 Fax Number: 250 356-0434

Table with 2 columns: DATE RETURN RECEIVED, DATE ALL BASIC INFORMATION RECEIVED

INSTRUCTIONS

- This form must be completed by a registered corporation claiming a tax refund under the International Business Activity Act (IBA) for all international businesses other than an international patent business. All applicable information must be provided. For more information, refer to How to Complete the IBA Tax Refund of a Corporation.

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the International Business Activity Act under the authority of section 26(a) of the FOIPPA.

1. Identification

Table with 4 columns: LEGAL NAME, START OF TAX YEAR, END OF TAX YEAR, IF FIRST YEAR, PROVIDE DATE OF IBA REGISTRATION

Has the corporation changed its name since the last time the Ministry of Finance was notified? BUSINESS NUMBER (9 digits)

MAILING ADDRESS (include street or PO box, city, province and postal code) ACCOUNT NUMBER (5 digits) C

LOCATION OF BOOKS AND RECORDS - IF DIFFERENT THAN MAILING ADDRESS (include street or PO box, city, province and postal code)

LOCATION OF FIXED PLACE OF INTERNATIONAL BUSINESS - IF DIFFERENT THAN MAILING ADDRESS (include street or PO box, city, province and postal code)

2. Contact Information

Table with 4 columns: NAME, POSITION, TELEPHONE NUMBER, EMAIL ADDRESS

3. Is this the first year of filing after: Incorporation? Amalgamation? 4. Is this the final tax year before amalgamation? 5. Is this the final IBA return? If YES, attach reason(s).

6. Is the corporation a resident of Canada? YES NO If NO, provide the country of residence:

7. Is the corporation exempt from tax under section 27 of the Income Tax Act? YES NO

8. Is this an amended IBA return? YES NO If YES, answer the following:

A. Is this return the result of a CRA adjustment? B. Is payment enclosed (if applicable)? C. If YES, provide the amount of payment: \$

9. Type of International Business

International Financial Business

International Film
Distribution Business

International Digital Media
Distribution Business

10. Calculation of Adjusted Income

A. Net income of corporation per section 3 of the *Income Tax Act* (Canada) (federal Act)
(Line 300 of T2) – *if negative, enter 0* A

B. **ADD:** Additions for foreign tax deductions as per section 110.5 of the federal Act (Line 355 of T2)
– *if Box 10A is zero, enter 0* B

DEDUCT: Any of the following amounts the corporation has deducted

C. Net capital losses of preceding tax years
(Line 332 of T2) C

D. Net capital losses of subsequent tax years D

E. Taxable dividends deducted under section 112 or 113,
or subsection 138(6) of the federal Act (Line 320 of T2) E

F. Subtotal **C + D + E =** F

G. Adjusted income – if negative, enter 0 **A + B – F =** G
TO BOX 12A

11. Calculation of British Columbia Percentage of Federal Taxable Income

A. Taxable income for British Columbia (Page 1 of Schedule 427 of T2) A

B. **DIVIDED BY:** Federal taxable income
(Line 360 of T2) B

C. British Columbia percentage of federal taxable income **A ÷ B =** C %
TO BOX 12B

12. Calculation of Eligible Proportion of Income

A. Adjusted income A
FROM BOX 10G

B. **MULTIPLIED BY:** British Columbia percentage of
federal taxable income B %
FROM BOX 11C

C. British Columbia adjusted income **A x B =** C
TO BOX 12E

D. Total adjusted IB income (loss) (from **FIN 575** or **FIN 576**) D

E. **DIVIDED BY:** British Columbia adjusted income E
FROM BOX 12C

F. Eligible proportion of income
– *if negative, enter 0; if greater than 1, enter 1* **D ÷ E =** F
TO BOX 13A

13. Calculation of Tax Refund

A. Eligible proportion of income

A

FROM BOX 12F

MULTIPLIED BY

LESSER OF:

B. Net British Columbia tax payable (Line 244 of T2SCH5*)

B

C. British Columbia tax before credits (Line 240 of T2SCH5*)

C

* If T2SCH5 is not applicable, enter amount from Line 760 of T2

D. Net tax payable – if either Box 13B or Box 13C is negative, enter 0

Lesser of B and C =

D

E. Maximum eligible tax refund

A x D =

E

F. Tax refund claimed (not to exceed Box 13E)

F

G. LESS: Tax refund previously determined (if applicable)

G

H. Tax refund (net)

F – G =

H

14. Supporting Documentation

Statement of Adjusted IB Income (FIN 575 or FIN 576)

Authorization or Cancellation of a Representative (FIN 564)

ATTACHMENTS

A copy of the financial statements and corporate income tax return (T2) filed for the tax year with the Canada Revenue Agency (CRA)

A copy of all Notices of Assessment or Reassessment issued by the CRA for the tax year

A copy of the Statement of Account issued by the CRA

List of directors and contact information

List of related or affiliated persons

List of international financial activities or qualifying transactions

15. Certification – An authorized signing authority must make the following declaration.

I, _____, certify that, to the best of my knowledge and belief, all of the information given in this application is true, correct and complete in all material respects.

(Full Legal Name)

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY

POSITION

DATE SIGNED
YYYY / MM / DD

X