BRITISH COLUMBIA | Ministry of Finance

Notice of Revocation of Waiver

under the Income Tax Act

Instructions

- Complete this form to revoke a previously filed Waiver of Determination Period (FIN 588), related to the Natural Gas Tax Credit Act under section 187(2) of the Income 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- This notice cannot be cancelled or rescinded once it has been filed.
- This notice must be signed by the taxpayer, legal representative or authorized signing officer.
- For more information, see gov.bc.ca/IncomeTaxes or our Natural Gas Tax Credit page.

How to Submit the Form

Securely Attach Online (recommended)
Scan your completed form and attach it to your natural gas tax credit account through eTaxBC

Email
Email your completed form to directly to the auditor assigned to your file.

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 section 187 of the Income 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 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)

Natural Gas Tax Credit (NGC) Account Number	Applicable Taxation Year yyyy / mm / dd

Part 2 – Waiver Revocation Declaration

I hereby revoke the previously filed waiver of determination period.

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		

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