

ADDITIONAL PROPERTY TRANSFER TAX APPLICATION FOR REFUND

under the *Property Transfer Tax Act*

INSTRUCTIONS

- Find out if you qualify for a refund of the additional property transfer tax on our [website](#).
- Print, sign and scan the form (along with any attachments) and send electronically using our [online service](#) or email it to ATTENQ@gov.bc.ca
- If you need more space to complete the form, attach additional pages.
- All transactions will be audited.

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information on this form is collected for the purpose of administering the *Property Transfer 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 Director, Property Transfer Tax, PO Box 9427 Stn Prov Govt, Victoria, BC V8W 9V1 (telephone: Victoria at 250 387-0555 or toll-free at 1 888 355-2700).

PART A – PURCHASER / TRANSFEREE – List all purchasers acquiring an interest in the property with this transaction

Number of purchasers that acquired an interest in the property with this transaction _____		PARCEL IDENTIFIER (PID) OR TITLE NUMBER	
PURCHASER 1 – Check (✓) one: Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>		Percentage interest acquired _____ %	
LAST NAME / LEGAL CORPORATION NAME		GIVEN NAME(S)	
MAILING ADDRESS (include street or PO box, city, province/state/territory and country)		POSTAL / ZIP CODE	COUNTRY OF CITIZENSHIP
Since the date of registration with the Land Title Office, you became a:	Canadian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Were you a BC Provincial Nominee at the time of registration? YES <input type="checkbox"/> NO <input type="checkbox"/>
EFFECTIVE DATE YYYY / MM / DD			

See **Part D** for Supporting Documents

Number of purchasers that acquired an interest in the property with this transaction _____		PARCEL IDENTIFIER (PID) OR TITLE NUMBER	
PURCHASER 2 – Check (✓) one: Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>		Percentage interest acquired _____ %	
LAST NAME / LEGAL CORPORATION NAME		GIVEN NAME(S)	
MAILING ADDRESS (include street or PO box, city, province/state/territory and country)		POSTAL / ZIP CODE	COUNTRY OF CITIZENSHIP
Since the date of registration with the Land Title Office, you became a:	Canadian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Were you a BC Provincial Nominee at the time of registration? YES <input type="checkbox"/> NO <input type="checkbox"/>
EFFECTIVE DATE YYYY / MM / DD			

See **Part D** for Supporting Documents

PART B – CONTACT NAME AND MAILING ADDRESS (if different than above)

LAST NAME	GIVEN NAME(S)	TELEPHONE NUMBER
MAILING ADDRESS (include street or PO box, city, province/state/territory and country)		POSTAL / ZIP CODE

PART C – REFUND INFORMATION

Complete the table below for each purchaser/transferee **that qualifies for a refund**. If a purchaser/transferee does not qualify, leave the row blank. Attach additional pages if more space is required.

	PERCENTAGE OF OWNERSHIP TRANSFERRED A	TAXABLE RESIDENCE VALUE B	ADDITIONAL PROPERTY TRANSFER TAX PAID A x B x 15% = C
PURCHASER 1	%	\$	\$
PURCHASER 2	%	\$	\$
TOTAL ADDITIONAL PROPERTY TRANSFER TAX REFUND (Sum of Column C)			\$ _____

PART D – SUPPORTING DOCUMENTS Copy of proof of Canadian citizenship or permanent residency (*if applicable*) Copy of BC Provincial Certificate of Nomination (*if applicable*)**PART E – CERTIFICATION****IMPORTANT** – This portion of the return *must* be signed by **ALL** purchaser(s)/transferee(s)**I certify and declare that the information given in this application is complete and correct in all respects. I acknowledge that the penalties for tax avoidance or providing false information are the amount of unpaid tax, plus interest and a fine and/or up to two years imprisonment.**

PURCHASER 1 – SIGNATURE X	FULL LEGAL NAME	TELEPHONE NUMBER (DAYTIME)	DATE SIGNED YYYY / MM / DD
PURCHASER 2 – SIGNATURE X	FULL LEGAL NAME	TELEPHONE NUMBER (DAYTIME)	DATE SIGNED YYYY / MM / DD

CONSENT – I consent that the information provided may be verified by accessing relevant records held by the Home Owner Grant Office, the Land Title and Survey Authority of British Columbia (LTSA), BC Assessment (BCA), the ministry responsible for the BC Provincial Nominee Program and other sources as required. Updated property information is provided to the LTSA, BCA and Canada Revenue Agency.