



REQUEST TO WAIVE PENALTIES

under the Speculation and Vacancy Tax Act

INSTRUCTIONS

- Complete this form to request a waiver of penalties and interest related to the speculation and vacancy tax owed.
If you are completing this form on behalf of an owner, a copy of a Power of Attorney or an Authorization or Cancellation of a Representative (FIN 146) must be submitted with this form, if one has not already been submitted.
Complete a separate form for each property owner requesting a waiver of penalties.

HOW TO SUBMIT THE FORM

By Mail: Ministry of Finance
Property Taxation Branch
PO Box 9472 Stn Prov Govt
Victoria BC V8W 9W6

GENERAL INQUIRIES

Toll free: 1-833-554-2323
Outside North America: 1-604-660-2421
Website: gov.bc.ca/spectax

Freedom of Information and Protection of Privacy Act (FOIPPA) - The personal information on this form is collected for the purpose of administering the Speculation and Vacancy Tax Act under the authority of section 26(a), 26(c) and 27(1)(a) of the FOIPPA. Questions about the collection or use of this information can be directed to the Director, Annual Property Tax, Ministry of Finance, PO Box 9472 Stn Prov Govt, Victoria BC V8W 9W6 (telephone: toll free at 1-833-554-2323).

PART 1 - APPLICANT INFORMATION

Form section for Part 1: Applicant Information. Fields include Full Legal Name, Date of Birth, Mailing Address, Telephone Number, Email Address, Postal/Zip Code, SPT Account Number, and SPT.

PART 2 - PROPERTY INFORMATION

Form section for Part 2: Property Information. Fields include Property Address, Postal Code, Jurisdiction, Roll Number, and Calendar Year.

PART 3 - EXPLANATION OF REQUEST

Provide facts and reasons why the penalty and interest should be waived due to circumstances beyond your control or actions. Submit any supporting documents or correspondence to support your request. Copies are acceptable.

PART 4 - CERTIFICATION

The information obtained will be relevant to and used solely for the purpose of determining and verifying my request to waive penalty and interest, and the general administration and enforcement of, the Speculation and Vacancy Tax Act, and will not be disclosed to any other person or organization without my approval.

I understand, if I wish to withdraw this consent, I may do so at any time by writing to the Speculation and Vacancy Tax Administrator, Ministry of Finance, Property Taxation Branch, PO Box 9472 Stn Prov Govt, Victoria BC V8W 9W6.

I certify that the information on this form is correct and complete to the best of my knowledge.

Form section for Part 4: Certification. Fields include Signature of Applicant, Full Legal Name of Applicant, and Date Signed.