

INSTRUCTIONS

- Complete this form to request a waiver of penalties and related interest for speculation and vacancy tax.
- The interest applied to the penalties will be the only interest considered for the waiver.
- 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 and related interest.

REQUEST TO WAIVE PENALTIES

under the Speculation and Vacancy Tax Act

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			
FULL LEGAL NAME		DATE OF BIRTH YYYY / MM / DD	
MAILING ADDRESS (include street name of	POSTAL / ZIP CODE		
TELEPHONE NUMBER	EMAIL ADDRESS	SPT ACCOUNT NUMBER	
PART 2 – PROPERTY INFORMATION			
PROPERTY ADDRESS (include unit or hou	POSTAL CODE		
JURISDICTION	ROLL NUMBER	CALENDAR YEAR PENALTY IS APPLIED	
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PART 3 – EXPLANATION OF REQUEST

Provide facts and reasons why the penalties and related 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 the penalties and related 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.

SIGNATURE OF APPLICANT

FULL LEGAL NAME OF APPLICANT

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