



GENERAL INQUIRIES

Telephone: 250-356-0890

Toll free: 1-800-663-7867

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the relevant taxation act(s) under the authority of sections 26(a) and 26(c) of the FOIPPA. Questions about the collection or use of this information can be directed to the Director, Appeals, PO Box 9629 Stn Prov Govt, Victoria BC V8W 9P1 (telephone: Victoria at 250-356-0890 or toll free at 1-800-663-7867 and ask to be re-directed).

INSTRUCTIONS

- Use this form or write a letter to file an appeal related to an assessment, disallowed refund or other decision made by the Ministry of Finance.
Before completing this form, see Bulletin GEN 002, Appeals to understand what tax matters may be appealed and deadlines for filing appeals.
Include any documents that support your appeal.
Please sign your form. We will not process this form if it is not signed.

- Submit this form and all supporting documentation using one of the following methods:

By mail: Tax Appeals and Litigation Branch Ministry of Finance PO Box 9629 Stn Prov Govt Victoria BC V8W 9P1

By fax: 250-387-5883

By courier: Tax Appeals and Litigation Branch Ministry of Finance 2nd Floor - 1810 Blanshard Street Victoria BC V8T 4J1

Note: You may need to provide documentary evidence during the appeal process to support your position.

If you fax your appeal, do not mail the original. If you mail or courier the completed form, keep a photocopy.

PART A - APPELLANT INFORMATION

Only the person named in the assessment, refund denial, or other decision may file an appeal.

Form with fields: FULL LEGAL NAME, NAME OF BUSINESS (if applicable), TITLE (if applicable), MAILING ADDRESS (include street or PO box), CITY, PROVINCE, POSTAL CODE, ACCOUNT NUMBER (if applicable), DAYTIME TELEPHONE NUMBER, TELEPHONE NUMBER (alternate), EMAIL ADDRESS (if you wish to be contacted by email), FAX NUMBER

PART B - REPRESENTATIVE INFORMATION (if required)

Complete this section only if you wish to designate a representative to handle your appeal on your behalf. This authorizes the Ministry of Finance to release confidential taxpayer information to the representative in matters related to the appeal. The authorization is valid until revoked in writing. If a firm, enter the name of the firm. If an individual, provide their name. You can designate a specific individual at a firm by filling out both fields. If you do, we will only discuss your file with that particular individual.

Form with fields: NAME OF REPRESENTATIVE (individual), FIRM NAME (if applicable), MAILING ADDRESS (include street or PO box), CITY, PROVINCE, POSTAL CODE, EMAIL ADDRESS (if applicable), TELEPHONE NUMBER, FAX NUMBER

I authorize the Ministry of Finance to communicate with my representative by fax and/or email.

PART C – NOTICE INFORMATION

Provide the following information about the assessment, refund denial, or other decision that you are appealing. (Include a copy of related documents)

REFERENCE NUMBER (e.g. return, letter or folio)	DATE OF NOTICE YYYY / MM / DD	APPEAL AMOUNT	PERIOD (if applicable)	
			FROM: YYYY / MM / DD	TO: YYYY / MM / DD
		\$		
		\$		
		\$		
		\$		

PART D – APPEAL INFORMATION

Describe what you wish to appeal. Provide the reasons and list the facts. If you are appealing multiple items, provide relevant details for each. Attach all supporting documentation with this form. If you need more space attach a separate sheet.

PART E – CERTIFICATION

I certify that the information provided on this form and on all attached documents is correct to the best of my knowledge and belief.

SIGNATURE OF APPELLANT	NAME OF APPELLANT	DATE SIGNED YYYY / MM / DD
X		