



WAIVER OF ASSESSMENT PERIOD

Pursuant to the *Insurance Premium Tax Act*

General Inquiries: 250 953-3082
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INSTRUCTIONS:

- For use by a taxpayer to waive the assessment period within which the commissioner may assess, reassess, or make an additional assessment under section 16(2) of the *Insurance Premium Tax Act*.
- For a waiver to be valid, the matter(s) being waived must be specified in the space provided and the waiver must not specify a time limit on the period of application.
- This waiver must be signed by the taxpayer or authorized signing officer.
- The completed waiver must be filed with the commissioner within six years from the date of delivery of the return to which the waiver applies.

- A waiver may be revoked only by filing a Notice of Revocation of Waiver form (**FIN 525**). The revocation becomes effective six months after the date the notice is filed.
- **Please type or print clearly.**

Freedom of Information and Protection of Privacy Act (FOIPPA)
The personal information on this form is collected for the purpose of administering the *Insurance Premium 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 Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.)
Email: FOI.QRYS@gov.bc.ca

NAME OF TAXPAYER (If there has been a name change or amalgamation, also indicate the previous name in brackets)

ADDRESS

TAXABLE INSURER – *If applicable*
ACCOUNT NUMBER

WAIVER FOR THE CALENDAR YEAR OF
YYYY

TAXPAYER OTHER THAN A TAXABLE INSURER – *If applicable*
INSURANCE POLICY NUMBER

START DATE OF POLICY
YYYY / MM / DD

WAIVER

The assessment period referred to in section 16(2)(b) of the *Insurance Premium Tax Act* (Act), within which the commissioner may reassess or make an additional assessment for tax under the Act is waived for the calendar year or insurance policy number indicated above, in respect of:

NAME OF TAXPAYER OR AUTHORIZED SIGNING OFFICER

POSITION OR OFFICE

SIGNATURE OF TAXPAYER OR AUTHORIZED SIGNING OFFICER

DATE SIGNED
YYYY / MM / DD

X