



## WAIVER OF ASSESSMENT PERIOD

Pursuant to the  
*Corporation Capital Tax Act*

General Inquiries: 250 953-3082

Toll-free Enquiry BC: 1 800 663-7867

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### INSTRUCTIONS:

- For use by a corporation to waive the assessment period for a taxation year, as described in paragraph 29(2)(b), within which the Administrator may assess, reassess, or make an additional assessment under subsection 29(2) of the *Corporation Capital Tax Act*.
- One completed copy of this Waiver is to be filed with the Administrator within six years from the date of delivery of a return for a taxation year.
- In order 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 in respect of its period of application.

- A Waiver may be revoked only by filing a "Notice of Revocation of Waiver" (**FIN 482**), and such revocation is effective on the day that is six months after the date on which the Notice is filed.
- This Waiver must be signed by an authorized signing officer of the corporation.
- **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 *Corporation Capital 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](mailto:FOI.QRYS@gov.bc.ca)

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

ADDRESS

ACCOUNT NUMBER

-

WAIVER FOR THE  
TAXATION YEAR  
ENDED

YYYY / MM / DD

### WAIVER

The assessment period referred to in paragraph 29(2)(b) of the *Corporation Capital Tax Act*, within which the Administrator may reassess or make an additional assessment for tax under the Act is hereby waived for the taxation year indicated above, in respect of:

NAME OF AUTHORIZED SIGNING OFFICER

RANK OF OFFICER

SIGNATURE OF AUTHORIZED SIGNING OFFICER

DATE SIGNED

YYYY/ MM/ DD

**X**