•		Agency	du Canada	PART XII.6 TAX RETURN	T101C			
•			ctions, ask for Form 1 www.cra.gc.ca/fts.	100 – INSTRUCTIONS FOR THE FLOW-THROUGH SHARE PROGRAM	Do not use this area			
 Complete this form to calculate your Part XII.6 tax on expenditures claimed using the look-back rule (line 61 in Form T101A). 								
•				nd it directly to: Canada Revenue Agency, Other Programs Unit, Data on, 875 Heron Road, Ottawa ON K1A 1A2				
•		his form, legislativ <i>ulations</i> .	ve references are to the	he Income Tax Act, and regulatory references are to the Income Tax Act	SL rev. type 0051, acc type 308			

Every corporation liable to Part XII.6 tax in respect to one or more months of year 2 must file this return and pay such tax before March of year 3. Returns that are not filed and payments that are not made within the statutory time limit are subject to the penalty under subsection 162(1).

Identification number

Enter the identification number that was used when you filed Form T101A.

Complete Return Checklist

Filing a complete return will speed up its processing. Before sending your Part XII.6 tax calculation, check if you have:

- 1. Used the current version of Form T101C to file the Part XII.6 tax calculation.
- 2. Signed and dated Form T101C in the "CERTIFICATION" area.

- 3. If a penalty applies, enclosed a cheque payable to the Receiver General for the full amount of the penalty and the Part XII.6 tax.
- 4. Used the same identification number that was used when you filed Form T101A.
- 5. If the full amount renounced on line 61 was not spent in year 2, filed Form T101B to reduce the amount.
- 6. If the location of the activities undertaken did not conform to what was reported in the renunciation, filed Form T101B and T101 slips to reclassify the amounts.

Part 1 – General Information (please print)

Name of corporation									Corporation account number							
										I			R	С		
Corporation add	Iress	Mailing address (if different)														
City	Province	Postal code	City F	Province							Po	stal co	de			
Location of reco	ords (if different)	same as corporation	Contact person and tile													
		same as mailing]													
City	Province	Postal code	Telephone:		FA	Х										
			()		()									

Part 2 – Calculation of the Part XII.6 Tax

		unced using the ack rule	Cumulative exp before the end	Prescribed rate	F	MONTHLY CALCULATION (A+B/2-C-D/2) X			
	A	В	С	E		(E/12+F/10)			
January					0	0	0		
February						0			
March						0			
April						0			
May						0			
June						0			
July						0			
August						0			
September						0			
October						0			
November						0			
December						1			
Subtotal (90)									
Deduct: If the	amount is an amendi	ment to a previous ca	alculation, the amount	of the Part XII.6 tax					
previously remitted with respect to this financing, otherwise 0. (92)									
Part XII.6 tax	(90) – (92)				(9)5)			
 where A is the amount renounced as a consequence of subsection 66(12.66) (look-back rule) and not included in B. B is the amount renounced as a consequence of subsection 66(12.66) in respect of expenses relating to a province where a similar tax is payable by the corporation to that province. C is the total of all expenses (cumulative) that were made or incurred before the end of the month and that relate to the value of Column A. D is the total of all expenses (cumulative) that were made or incurred before the end of the month and that relate to the value of Column B. E is the prescribed rate of interest for the month determined under Reg. 4301(b). The rates may be found on our Website at www.cra.gc.ca/fts 									

Payment enclosed, (cheques should be made payable to the Receiver General)



Calculation of the penalty under subsection 162(1) for failing to file the Part XII.6 tax retu year 3 (year 1 being the year of the agreement)	rn and to remit the tax before Ma	arch of
Part XII.6 tax (line 95) payable X 5%	(A)	
Part XII.6 tax (line 95) payable X complete months late (maximum 12) X 1%	(B)	
Penalty : the sum of (A) and (B)	(98)	
Payment enclosed (cheques should be made payable to the Receiver General)		

I certify that the information given on this form is true, correct and co	omplete in every respect.
Date	Name of Authorized Officer (Print)
Signature of Authorized Officer	Position or Title (Print)
Signature of Authorized Officer	

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