

Mailing Address: PO Box 9443 Stn Prov Govt Victoria BC V8W 9W7

RETURN OF TAX DUE ON TAXABLE TANGIBLE PERSONAL PROPERTY BY A PURCHASER / SELLER / LESSOR / LESSEE

under the Social Service Tax Act

INSTRUCTIONS:

- If you have any questions about this form or how the Social Service Tax Act applies, please call 604 660-4524 in Vancouver or toll-free at 1 877 388-4440 elsewhere in Canada.
- Information is also available on our Web site at: www.sbr.gov.bc.ca/ctb
- This return is to be completed in detail and forwarded to the Commissioner, Social Service Tax, PO Box 9443,Stn Prov Govt, Victoria BC V8W 9W7, together with any applicable tax. Cheque should be made payable to the Minister of Finance.
- Please type or print clearly.

OFFICE	TIN NO.		REGISTRATION/PROFILE/CASE
USE		ASSET	
ONLY		1	

Freedom of Information and Protection of Privacy Act (FOIPPA)
The personal information on this form is collected for the purpose of administering the Social Service 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, Ministry of Small Business and Revenue, 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

1.	Legal Name of Business Doing Business As		4.	Social Service Tax Registration No. (If applicable)			
	Doing Business As						
2.	Physical Address of Business		5.	Contact Name			
3.	Mailing Address (If different from physical address	ss)	6.	Contact Phone No.			
7.	7. Please indicate if you are the purchaser or seller of an existing business or any assets, and provide one or more of the items listed						
	Purchaser / New Business Owner Bill of sale and schedule(s) Purchaser statement of adjustments Copies of invoices and receipts Other	Seller Bill of sale and schedule(s) Seller statement of adjustments Copies of invoices and receipts Other		er's registration number to be closed? If YES, provide effective date:			
8.	Please enter the purchase/sale price of the	assets:					
	Machinery / Equipment						
	Furniture						
	Inventory for Resale (If retained by business) \$ Other						
	TOTAL TAX DUE - 7% social service tax (PST)						
TOTAL TAX ENCLOSED (Please write "tax on assets" on front of cheque)							
9.	9. If tax has been paid, please provide details:						
	Tax paid to seller of business – Attach copy of bill of sale						
	Tax paid to supplier – Provide copies of invoices/receipts						
	Tax paid to the Minister of Finance — Provide proof (For example, copy of tax return or cancelled cheque. Include copy of invoice, if available) Tax remitted by legal representative or accountant — Provide proof (For example, copy of tax return or cancelled cheque. Include copy of invoice, if available)						
10	.Lessor/Lessee						
If you are leasing equipment, furniture, fixtures, etc., please provide a copy of the lease agreement(s).							
11. DECLARATION							
	I declare that all the information on this form and on the attached documents is true and correct to the best of my knowledge and belief. I acknowledge that any false information may result in a penalty of 25% of the tax due being levied, a fine up to \$10,000 and/or imprisonment for up to two years.						
SIGNATURE REQUIRED POSITION TITLE				DATE SIGNED YYYY/MM/DD			