



PART XII TAX RETURN – TAX ON PAYMENTS TO THE CROWN BY A TAX-EXEMPT PERSON

For use by a person [other than a person described in any of paragraphs 149(1)(d) to (d.6)] who is exempt from tax under Part I of the *Income Tax Act* and is subject to Part XII tax. Part XII tax is in respect of certain amounts including Crown royalties, taxes, and lease rentals paid, payable, distributed, or distributable in any manner by that person to another person out of income attributable to production from a Canadian resource property.

Note

Part XII tax is repealed for taxation years that begin after 2006.

Do not use this area

| | | | | | | | | | | | | | | | | | | | |
|--|--|------|--|------|--|--|--|-----|--|----|--|-----------|--|------------------|--|-----|--|---------------------|--|
| Name of person (print) | | | | | | Business Number or social insurance number | | | | | | | | | | | | | |
| Address | | | | | | Postal code | | | | | | | | | | | | | |
| Taxation year for the period | | from | | Year | | Month | | Day | | to | | Year | | Month | | Day | | Tax services office | |
| Name of person to contact for more information | | | | | | | | | | | | Area code | | Telephone number | | | | | |

File one completed return with remittance on or before the person's balance-due day for the taxation year, as per subsection 248(1), at the tax centre serving the area in which the person resides.

If this return is filed after the due date, penalties will apply.

Part XII tax payable from page 2 (1)

Make cheque or money order payable to the Receiver General. On the remittance form specify "T2026" and indicate the name, social insurance number (or, if a corporation, the Business Number) and the taxation year of the person or corporation whose account is to be credited.

Amount enclosed

Daily compound interest at a prescribed rate will apply to unpaid taxes and late-filing penalties.

Do not use this area

Certification

I, _____, certify that the information given in this return and in any attached documents is, to the best of my knowledge, true, correct, and complete.

Signature of trustee, authorized officer, or individual

Position or office

Date

