

Request by an Insolvency Practitioner for a Waiver of the Requirement to File a T2 Corporation Income Tax Return Under Subsection 220(2.1) of the Income Tax Act

ame of insolvency practitioner	Trustee licence number			
dress of insolvency practitioner				
Name of insolvent corporation				Business number of insolvent corporation
scal period **	Year Month Day		Year Month Day	
Tax year start		Tax year end	•	
ective				was appointed
ctive Date (Year Month Day)		Insol	vency practitioner	was appointed
	ity	of the above corpora	tion.	
ntrolling, or otherwise dealing w rporation.	ith the property, business,	estate, or income of a	corporation, other than a sl	erson administering, managing, winding up nareholder, director, officer or employee of polete a separate form for each period.
	cai period. A fiscal period c	annot be longer than t	os weeks (37 i days). Com	piete a separate form for each period.
Part 2 – Certification ———				

Part 3 - Acknowledgement -

We acknowledge that the minister of national revenue may make a future request for documents or information for the return if the requirement to file the return is waived as requested. We will make such documents or information available to the authorities designated by the minister of national revenue, upon request.

We acknowledge that all relevant available financial information of the corporation, if any, in regards to the preparation of this request may be subject to inspection and audit by the relevant governmental authorities.

We further acknowledge that a waiver does not rule out compliance, present and future, by the insolvency practitioner with all other relevant provisions of the Income Tax Act, including subsection 128(1) or with section 22 of the Bankruptcy and Insolvency Act.

— Part 4 – Authorized signatory — In accordance with the certification and acknowledgement in parts 2 and corporation income tax return for the above fiscal period.	3, we ask that the minister of national revenue waive the requirement to file a	
Name of insolvency practitioner firm	Capacity	
for	, and not in its personal capacity,	
Name of insolvent corporation		
per: Signature of the individual insolvency practitioner representing the insolvency	vent corporation , Date (Year Month Day)	
Mail or fax this completed form to your tax services office's Insolvency In	ntake Centre:	
Quebec, Ontario and Atlantic Regional Insolvency Intake Centre Canada Revenue Agency Shawinigan-Sud National Verification and Collection Centre 4695 Shawinigan-Sud Blvd. Shawinigan QC G9P 5H9	Pacific and Prairies Regional Insolvency Intake Centre Canada Revenue Agency Surrey National Verification and Collection Centre 9755 King George Blvd. Surrey BC V3T 5E1	
Telephone (toll free): 1-866-248-1576 Fax (toll-free)(Quebec proceedings): 1-800-567-9325 Fax (toll-free)(Atlantic and Ontario proceedings): 1-866-229-0839	Telephone (toll-free): 1-866-891-7403 Fax (toll-free): 1-866-219-0311	

Privacy statement -

Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to access, or request correction of, their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 047 at canada.ca/cra-info-source.