PETROLEUM AND GAS REVENUE TAX ACT

APPLICATION FOR REFUND OF RESOURCE ROYALTY, PRODUCTION ROYALTY OR INCREMENTAL RESOURCE ROYALTY TAX WITHELD

- For use by a person making application under subsection 101(3) of the Petroleum and Gas Revenue Tax Act for a refund of Resource Royalty, Production Royalty or Incremental Resource Royalty Tax withheld from amounts received by the person.
- One completed copy of this application is to be forwarded to the Ottawa Taxation Centre, Attention: Petroleum and Gas Revenue Tax Section, Ottawa, Ontario, K1A 1A2, within two years from the end of the calendar year in which Resource Royalty, Production Royalty or Incremental Resource Royalty Tax was deducted or withheld.
- A separate application must be made in respect fo each payer of Royalties for which a refund or tax withheld is requested.

Name of Recipient of Royalty (Print)		
Address		
	Telephone Number	
Jame of Payer of Royalty (Print) DETAILS OF ROYALTIES TAX WITH	HHELD Royalties Tax Name and	4
rame of Payer of Royalty (Fillit)	Account Number Account N	Number
Address	R R	nd to tha
	Statemen	
Type of Royalty: Resource Royalty; Incremental Resource Royalty;	Production Royalty; All	
Total Royalties received from the above named payer in the calendar year 19 Total Royalties Tax deducted or withheld by the payer (the amount stated here must	\$	
be supported by either a PG5 Statement form or a receipt issued by the payei)	\$	
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APPLICATION AND CERTIFICATION		
An application under subsection 101(3) of the Petroleum and Gas Revenue Tax Act for a rethe Act is hereby made because of the following (please check)		of
The person on whose behalf an amount has been deducted or withheld under Division II o	if the Petroleum and Gas Revenue Tax Act.	
(a) was not liable to pay any tax under that Division; or(b) was liable to pay tax under Division II; however, the amount of tax deducted or with	thhold is in avenue of the tay that the person is lighle to r	201/
was liable to pay tax under Division II; however, the amount of tax deducted or wit under that Division.	Inneid is in excess or the tax that the person is made to p	ay
Please provide specific details below		
The undersigned certifies that the refund of Royalties Tax claimed above has not been and	d will not be claimed through refund, offset or any other	
means from the payer of the Royalty.		
Signature of Person or Authorized Officer	Signature of additional Authorized Officer	
Position or Office	Position or Office	
Date FOR DEPARTMENTAL LICE	Date	
TAXATION CENTRE, OTTAWA		
Payer	Account Number	
Amount of tax withheld and remitted \$ Comments:	Calendar Year	
Comments.		
Unit head/Group Head Date	Section Head Date	
DISTRICT TAXATION OFFICE		
Amount of Refund approved by Chief of Audit \$		
Comments:		
·	_	
Chief of Audit	Date	