

# Notice of Objection

*Community Small Business Investment Funds Act*
**Instructions**

Please print or type information on this form and make one copy. Keep the copy for your records and send the original by **registered mail** addressed to the Ministry of Revenue, c/o The Director, Tax Appeals Branch, 1600 Champlain Avenue, 3rd Floor, Whitby ON L1N 9B2.

If you have any questions or if you need help in completing this form, call 1 866 668-8297 or 1 800 263-7776 (teletypewriter TTY) or visit our web site at [ontario.ca/taxappeals](http://ontario.ca/taxappeals).

The envelope containing this **Notice of Objection** must be postmarked within 60 days from the day of mailing or delivery by personal service of the minister's **Notice of Proposal** to which objection is being made or the day upon which the minister has been deemed to have served a **Notice of Proposal** to refuse to register the corporation, or within 60 days from the day when the minister is deemed to have assessed the tax.

Name of Corporation or Person Objecting		Telephone Number
Mailing Address - Apt. No., Street Number and Name		
City/Town	Province	Postal Code 

**Notice of Objection** is hereby given to the minister's **Notice of Demand** or **Notice of Proposal** dated the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, where the minister demanded payment or proposed:

Check  applicable box

- to refuse to register the corporation.
- to revoke the registration of the corporation.
- to refuse to make a rebate under section 28.
- to refuse to issue a tax credit certificate or allow an investment credit.
- to make an order that a particular investment is not an eligible investment.
- to impose a penalty under subsection 18(13).
- to order a labour sponsored investment fund corporation to cease issuing tax credit certificates.
- to refuse to pay a grant under section 18.16.

The following are the reasons for objection and the relevant facts:

Check  here if additional sheets are attached.

**Appointment of Representative**

I confirm that \_\_\_\_\_ (name of individual) \_\_\_\_\_ (name of organization)

\_\_\_\_\_  
(full address including postal code)

\_\_\_\_\_ has the authority to communicate on my/the company's behalf concerning this Notice of Objection.  
(phone number including area code)

I authorize the Tax Appeals Branch to collect personal information from and disclose personal information to my representative in accordance with the *Freedom of Information and Protection of Privacy Act*.

This **Notice of Objection** must be signed by the person objecting, an employee of the company or an authorized representative. If an authorized representative signs this Notice of Objection, please submit written confirmation of authorization.

Name (print)	Signature	Position/Title	Date
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