

**AUTHORISATION TO ELECTRONICALLY SUBMIT INCOME TAX RETURNS
OF A NON INDIVIDUAL VIA THE TAXISnet SYSTEM**

I
as Director/ Secretary/ Precedent Partner/ Proxy/ Representative/ Agent of the following person,

Persons Details: -

Tax Identification Code (T.I.C.)	
Business Name (CAPITALS)	
Correspondence Address:-	
Road, Number, Area / Village	
Postal Code	
Town / District	
Work Telephone Number	
E-mail Address	@

having knowledge of the terms and conditions of use of the TAXISnet system, which I accept, authorise the following agent to submit on behalf of the aforementioned person, Income Tax Returns via the TAXISnet system.

Agents (authorised person) Details:-

Tax Identification Code (T.I.C.)	
Name and Surname (CAPITALS)	
Business Name (CAPITALS)	
Correspondence Address:-	
Road, Number, Area / Village	
Postal Code	
Town / District	
Work Telephone Number	
Mobile Telephone Number	
E-mail Address	@

Type of Return: -

I.R.3A Partnership <input type="checkbox"/>	I.R.4A Company <input type="checkbox"/>	I.R.7A Employer <input type="checkbox"/>
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Note: -

This authorisation is withdrawn only by submission to the Department of Inland Revenue of the relevant (notice I.R.70A). The withdrawal will take effect two (2) working days after receipt of the withdrawal notice.

Signature of applicant Date

Acceptance of Authorisation

I, having knowledge of the terms and conditions of use of the TAXISnet system, declare that I accept the authorisation to submit the above Income tax returns of behalf of the aforementioned person.

Signature of Agent Date

For Official Use only

Number of Authorisation Application	
District Office to which taxpayer belongs	1 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
Comments:-	

Officers Name	
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Signature Date