

MINISTRY OF FINANCE
INLAND REVENUE DEPARTMENT
INCOME TAX OFFICE
TAXISnet SERVICE

**Revocation of authorization for electronic submission of Tax Returns using the TAXISnet system
(Individuals)**

I with:-

Tax Identification Code (T.I.C.)	
Correspondence Address:-	
Street / Number / Area / Village	
Post Code	
Town /district	
Home Telephone Number	
Business Telephone Number	
Mobile Telephone Number	
Electronic Mail Address	@

I hereby revoke the authorization given, to the person stated below, for submitting on my behalf Tax Returns using the TAXISnet system.

Data of Authorized person:-

Tax Identification Code (T.I.C.)	
Name and Surname (CAPITAL letters please)	
Business Name (for non - individuals)	
Correspondence Address:-	
Street / Number / Area / Village	
Post Code	
Town / District	
Business Telephone Number	
Mobile Telephone Number	
Electronic Mail Address	@

The Tax Return(s) for which authorization has been given is / are indicated below:-

Tax Return:-	I.R.1A Employee <input type="checkbox"/>	I.R.1A Self - Employed <input type="checkbox"/>
I.R.7A Employer <input type="checkbox"/>		

NOTE:

The revocation will take effect after the elapse of 2 (two) working days from the date the Inland Revenue received this application for revocation.

Signature Date

For Official Use only

Revocation Number	
Authorization Number	
Taxpayer's District Tax Office	1 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
Comments:-	

Officer's name

Signature Date