

The Chairman
 Board of Inland Revenue
 IRD Tower, Government Campus Plaza
 2 - 4 Ajax Street
 Port of Spain

Date:

Attention: **Supervisor, Registration Unit**

Re: **REQUEST FOR BOARD OF INLAND REVENUE (BIR) FILE NUMBERS**

COMPANY BIR NUMBER: _____

COMPANY PAYE ACCOUNT NUMBER: PYE-_____

CONTACT NAME: _____

CONTACT EMAIL ADDRESS: _____

CONTACT NUMBER: _____

Application(s) for BIR Numbers for the following employees are attached:

| NO | SURNAME | FIRST NAME | OTHER NAMES | POSITION | START DATE | ALL ITEMS SUBMITTED | | BIR NUMBER / REMARKS* |
|----|---------|------------|-------------|----------|------------|---------------------|----|-----------------------|
| 1 | | | | | | Yes | No | |
| 2 | | | | | | Yes | No | |
| 3 | | | | | | Yes | No | |
| 4 | | | | | | Yes | No | |
| 5 | | | | | | Yes | No | |
| 6 | | | | | | Yes | No | |
| 7 | | | | | | Yes | No | |
| 8 | | | | | | Yes | No | |
| 9 | | | | | | Yes | No | |
| 10 | | | | | | Yes | No | |
| 11 | | | | | | Yes | No | |
| 12 | | | | | | Yes | No | |

**For use by the Inland Revenue Division*

I certify that the information above is true and correct

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OFFICIAL STAMP