Government of the Republic of Trinidad and Tobago

Ministry of Finance
Inland Revenue Division
OBJECTION SECTION
2-4 Ajax Street, Port of Spain
Tel.: 800-TAXX

REQUEST FOR OBJECTION/REVISION

NAME: .....

ADDRESS: .....

.....

.....

PHONE: .....

DATE: .....

FILE #: ..... DLN: .....

INCOME YEAR: .....

I hereby object to the Inland's Revenue's Assessment dated .....

The ground(s) of my objection is/are follows:

(a) .....

(b) .....

(c) .....

Enclosed, please find the following document(s):

(a) .....

(b) .....

(c) .....

.....

Signature of Taxpayer

FOR OFFICAL USE

Date Received: .....

Comments:

- O Follow up
- O Request return

Contact Taxpayer: O To call O Come In
O Refusal

Date Expired: .....

Code: .....

Authorized: .....

Date: .....

Acknowledgement Date: .....

Offical Stamp