Tax Administration | Jamaica
working together to serve you better

REQUEST FOR TAXPAYER REMINDER SERVICE

SECTION A - GENERAL INFORMATION

1. Individual/Organization Name	2. Taxpayer Registration Number | | | | | | | | | - | | | |
3. Home/Organization Address *(Apt. No., Street No. & Name, Postal Zone & Parish)*	4. Mailing Address *(If different from 3.)*

5. Email Address

6. Telephone Numbers

Home: _____ Mobile: _____ Work: _____

SECTION B - REMINDER SERVICES *(Tick appropriate box(es) below and provide contact number and email address for each service needed)*

	Contact Mobile Number:	Email Address:
7. ☐ Motor Vehicle Transaction(s) Advisory (Certificate of Fitness, Registration Certificate, Title Pick-up) ▸	_____	_____
8. ☐ General Consumption Tax (GCT)/ Special Consumption Tax (SCT) Advisory ▸	_____	_____
9. ☐ Tax Compliance Certificate (TCC) ▸	_____	_____
10. ☐ Income Tax ▸	_____	_____
11. ☐ PAYE (Income Tax) ▸	_____	_____
12. ☐ Stamp and Transfer Documents ▸	_____	_____

Name	Signature	Date
Position *(A Director/the Company Secretary should sign on behalf of a company)*	Company Stamp	

FOR OFFICIAL USE ONLY

Applicant's Identification (ID) Type ☐ Passport ☐ Driver's Licence ☐ Birth Certificate ☐ National ID ☐ Other: _____	Applicant's ID Number Remarks	ID Expiry Date
Processing Officer's Name	Processing Officer's Signature	Date