**GOVERNMENT OF**
**THE VIRGIN ISLANDS OF THE UNITED STATES**
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**VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE**


6115 Estate Smith Bay - Suite 225
St. Thomas VI 00802
Phone: (340) 715-1040
Fax: (340) 714-9341

4008 Estate Diamond Plot 7B
Christiansted VI 00820-4421
Phone: (340) 773-1040
Fax: (340) 773-1006


## APPLICATION FOR TAX FILING AND PAYMENT STATUS REPORT

The applicant identified below hereby requests a letter certifying his or her tax filing and payment status for the purpose of receiving a new or renewal license from the Agency requiring the clearance letter. The applicant authorizes the Virgin Islands Bureau of Internal Revenue to disclose any taxpayer information related to this application to the below listed Agency, who may make such further disclosures as are necessary to the relevant agency as required by the appropriate law.

1. Name: _____
2. Tax Identification Number: _____
3. Type of Business: _____
4. Agency Requiring Report: Office of the Lieutenant Governor Division of Banking & Insurance, attn Licensing
5. Please Indicate: ☐ New License ☐ License Renewal
6. Do you have employees? ☐ Yes ☐ No
7. Please indicate forms that you use: ☐1040/8689; ☐1065; ☐1120; ☐941VI; ☐720VI; ☐720B; ☐722VI; ☐Other (please list) _____
8. Date Business Started: _____ License Expiration Date: _____
9. Mailing Address **(Required)**: _____
10. Physical Address: _____
11. Contact Person **(Please Print)**: _____
12. Signature: _____
13. Date: _____ Contact Number **(Required)**: _____

**REPLY TO THE ADDRESS OF THE RESPECTIVE DISTRICT LISTED ABOVE.**

**See Back Of Form For Instructions**