MINISTRY OF FINANCE
INLAND REVENUE DEPARTMENT
INCOME TAX OFFICE
TAXISnet SERVICE

Authorization for electronic submission of Tax Returns using the TAXISnet system (Individuals)

I ..... with:-

Taxpayer´s 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 authorize the person stated below, to be submitting Tax Returns on my behalf using the system, having full knowledge and accepting all the terms and conditions concerning the operation of the TAXISnet system.

Data of authorized person:-

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

Tax Return:-

I.R.1A Employee ☐ I.R.7A Employer ☐ I.R.1A Self - Employed ☐

This authorization will be in force until I give <u>written</u> revocation notice, to the Inland Revenue Department, by the submission of (Form I.R.69A) 2004.

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

Signature ..... Date .....

For Official Use only

Authorization Number	
Taxpayer's District Tax Office	1 ☐ 4 ☐ 5 ☐ 6 ☐
Comments:-	

Officer's name	

Signature ..... Date .....

(Form I.R.67A) 2004