



**DEPARTMENT OF INLAND REVENUE
BARBADOS
APPLICATION FOR TAX CLEARANCE**

Name:

Address:

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E-mail Address:

Contact No.(s):

Tax Account No National Insurance No.:

Date Employment/Business Commenced:

Date Employment/Business Ceased:

Fiscal Period: Y M D to Y M D
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Certificate Required For:

- Central Bank
- Licensing Authority
- Registrar of Companies
- Other (Please Specify)

Filing Status:

- Corporation
- Employee
- Partnership
- Self-employed
- Other (Please Specify)

Is this your first Application for Tax Clearance?

Yes No

If no, state approx. date of last application

[] [] []
YYYY MM DD

RETURNS SUBMITTED		TAX PAYMENTS/PREPAYMENTS		BALANCE OF TAX	
Income Year	Date	Amount	Date	Payable	Refundable
		\$		\$	

.....
Signature of Applicant/ Authorized Officer

Date:/...../.....
YYYY MM DD