INLAND REVENUE DEPARTMENT

Government of the British Virgin Islands
33 Admin. Drive, Central Administration Bldg, P.O. Box 4634, Road Town, Tortola, British Virgin Islands VG1110
Tel: 284-468-3701 (ext 2155) Email: bvitaxes@gov.vg

APPLICATION FOR CERTIFICATE OF EARNINGS

Date of Application _____ Social Security # _____ Telephone # _____

{Full}Name on Certificate _____

{Physical Address} _____

{Person Applying for Certificate} _____

Please Indicate ☐ **Ms.** ☐ **Mrs.** ☐ **Mr.** ☐ **Other……**

Please refrain from writing in the shaded area, AS it is For Official Use Only.

PLACES EMPLOYED (For the Last 5 Years)	YEARS	SALARY	TAXES PAID
1.			
2.			
3.			
4			
5.			
6.			
7.			
8.			
9.			
10.			

NB: ***If you were employed by more than one employer within a year, state the start and end period for each employer. Please note that taxpayers are to list not only their present place of employment but also places where they have worked within the past five (5) years, if applicable.***

For Official Use Only

Taxpayer No. _____ IRD No. _____

Completed by _____ _____
Name of Officer Signature of Officer

Receipt No. _____ Date _____

Revised January 2017