THE GUYANA REVENUE AUTHORITY
INTERNAL REVENUE
200-201 CAMP STREET GEORGETOWN PHONE 227-8222 EXT. 1008-1017

LIABILITY APPLICATION FORM

Purpose of Liability Certificate/Letter: _____

1. Name of Applicant: _____

2. Taxpayer Identification Number (TIN): _____

3. Present Address: _____

_____

4. Occupation: _____

5. Contact Number: _____

6. Email Address: _____

I hereby certify that the above particulars are true and correct according to my knowledge and belief.

_____ **_____**

Signature **Date**

FOR OFFICIAL USE ONLY

Filing Status: _____

Returns Outstanding: _____

Remarks: _____

_____

Received by: _____ **Date: _____**

Submitted by:_____ **Date: _____**