



FORM INSTRUCTIONS: PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE PROCEEDING

1. Use this Form to request for remission of penalty. You can request for a reduction (partial waiver) or full waiver of any administrative penalty.
2. You can request for remission of penalty on multiple tax types in one application form.
3. Complete the Reference Table. Additional lines are in the supplementary table on pages 3 & 4. If you do not have a reference number or other details, you can request a Debt Management officer for advice.
4. Ensure that you state the Penalty Amount and the Remission Amount. The Remission Amount is the amount for which you are requesting full or partial waiver.
5. Select the reason(s) for extension by ticking the appropriate box and attaching the supporting documents. You may select multiple reasons and provide explanations for each.
6. Complete the Declaration section by filling all details in the designated space. For non-individuals, the representative must also provide his/her TIN and designation e.g. Accountant, Chief Financial Officer, Company Secretary, Director, Manager, Partner or Tax Agent.
7. Check that the principal tax amount to which the penalty relates is paid, as this will be considered in the processing of your application.
8. We will advise you once the application is processed.
9. Please consult with a Debt Management officer if you need help to complete the Form.

TAXPAYER DETAILS

Taxpayer Identification Number (TIN)

Taxpayer Name
Enter Individual/Entity name

REMISSION OF PENALTY DETAILS

1. Select a Tax Type:

Capital Gains Tax <input type="checkbox"/>	FBT Confidential <input type="checkbox"/>	PAYE Consolidated <input type="checkbox"/>	Service Turnover Tax <input type="checkbox"/>
ECAL Plastic Bag <input type="checkbox"/>	FBT Non-Confidential <input type="checkbox"/>	PAYE Confidential <input type="checkbox"/>	Telecommunications Levy <input type="checkbox"/>
ECAL Prescribed Services <input type="checkbox"/>	Gambling Turnover Tax <input type="checkbox"/>	PAYE Non-Confidential <input type="checkbox"/>	Value Added Tax <input type="checkbox"/>
FBT Consolidated <input type="checkbox"/>	Income Tax <input type="checkbox"/>	Provisional Tax <input type="checkbox"/>	

2. Reference Table

Ref. No.	Tax Type	Tax Period	Penalty Date	Penalty Type	Penalty Amount	Remission Amount

For additional lines, refer to the supplementary table on the next page

3. Remission Reasons:

Casualty
 Death
 Fire
 Inability to obtain records
 Natural Disaster
 Serious Illness
 Unavoidable absence of the Taxpayer/Representative/Tax Agent
 Incapacitation
 Others _____
Specify the reason if other is selected

Explain the reason in more detail:

DECLARATION OF TAXPAYER OR REPRESENTATIVE

I declare that the information in this application is true and correct in every detail

Taxpayer/Representative TIN

Full Name:

Designation: _____ Signature: _____ Date:

IT IS A SERIOUS OFFENCE TO GIVE FALSE INFORMATION TO THE CHIEF EXECUTIVE OFFICER

FOR OFFICE USE ONLY

Officer's Name: _____ Officer's Signature: _____

Date of Receipt: _____ Reference Number: _____

CHECKLIST

- Completed Remission of Penalty application form
- Attach supporting documents where applicable
- TIN of Applicant or Representative submitting the form
- Valid Photo ID of Applicant (for Individuals) or Representative (for non-individuals) submitting the form

