FIJI REVENUE AND CUSTOMS SERVICE

Taxpayer Request for

TIME TO PAY ARRANGEMENT

FORM INSTRUCTIONS: PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE PROCEEDING

1. Use this Form to request for a Time to Pay Arrangement (TTPA).
2. You can request for TTPA on one tax type in this Form. A separate application form is required for each tax type.
3. Provide reasons for the TTPA request and attach any supporting documents.
4. 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.
5. Check that all tax returns are filed, as this will be considered in the processing of your application.
6. We will advise you once your application is processed.
7. Where a TTPA installment is late, the TTPA will be withdrawn. This means that the whole tax liability will be payable immediately.
8. 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

TIME TO PAY ARRANGEMENT DETAILS

1. Select One Tax Type:

Capital Gains Tax ☐	FBT Confidential ☐	PAYE Consolidated ☐	Service Turnover Tax ☐
ECAL Plastic Bag ☐	FBT Non-Confidential ☐	PAYE Confidential ☐	Telecommunications Levy ☐
ECAL Prescribed Services ☐	Gambling Turnover Tax ☐	PAYE Non-Confidential ☐	Value Added Tax ☐
FBT Consolidated ☐	Income Tax ☐	Provisional Tax ☐	

2. Reason for Extension:

Cash Flow problems ☐ Natural disaster ☐ Fire ☐ Bankruptcy/ Insolvency/ Winding up/ Temporary ceased operation ☐

Medical reason ☐ Others ☐ Provide additional details _____

Specify the reason if other is selected

3. Fill below the relevant liabilities for TTPA

Reference No.	Description	Period	Amount	Due Date

4. State the duration for the TTPA _____

(Duration between 2 - 12 months)

5. State the down payment Rate _____

(Eg. 10 %)

6. Installment table

Installment No.	Payable Amount (FJD)

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 Request for Time to Pay Arrangement application form
- ☐ Attach recent Bank Statement
- ☐ TIN of Applicant or Representative submitting the form
- ☐ Valid Photo ID of Applicant (for Individuals) or Representative (for non-individuals) submitting the form

SUPPLEMENTARY FORM

3. Fill below the relevant liabilities for TTPA ~ (CONTINUED)

Reference No.	Description	Period	Amount	Due Date