



FORM INSTRUCTIONS: PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE PROCEEDING

1. An employee must submit this application to request for a Special Tax Rate Certificate. For quicker processing of your application use the Taxpayer Online Service (TPOS) which you can access on: <https://tpos.fr.cs.org.fj/taxpayerportal/logon#/Logon>
2. You may apply for a Special Tax Rate Certificate if you have one or more secondary employments in addition to your primary employment.
3. Provide the estimated gross income for the year from each of your employments and attach all employment contracts.
4. Our tax advice will be based on the facts provided therefore you must submit all supporting documents.
5. Complete the Declaration section by filling all details in the designated space.
6. We will advise you once the application is processed.
7. A Special Tax Rate Certificate specifies the rate of tax to be withheld from any secondary employment income payment that will be made to you. Therefore, once a Special Tax Rate Certificate is issued, you must present it to your secondary employer(s).
8. The CEO may cancel a Special Tax Rate Certificate at any time.
9. You can request for a review of our tax advice if the application is declined.
10. Please consult with a Customer Service Officer if you need help to complete the form.

EMPLOYEE DETAILS

Employee TIN*

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State your TIN. Note that the TIN should consist of either 9 or 10 digits

Employee Name*

State your full name

EMPLOYMENT DETAILS

Employer Type <small>State your Primary and Secondary Employment</small>	Employer TIN	Employer Name	Estimated Gross Income
Primary			
Secondary 1			
Secondary 2			
Secondary 3			

DECLARATION OF TAXPAYER OR REPRESENTATIVE

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

Taxpayer/Representative TIN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 Special Tax Rate

Supporting Documents e.g. Contract of Employment

Valid Photo ID of Applicant or third party submitting form on behalf of applicant