

Request for Fine Relief

Submit this form to request for relief fro	om fines under secti	on 75(a) of the Tax Administration	n Act (Law Number 3/201	0).
You are required to settle all other dues			•	-,-
You are required to submit all document	ts that support your	request, e.g. medical records, po	olice reports, etc.	
Our decision on your request will be bar	sed on our internal	policy on granting relief from fine	es. You will be informed o	of our
decision in writing.				
1. Taxpayer information	Taxpayer Identification Number (TIN)			
	Taxpayer Name			
2. Details of the fine			Nation of Tay Associ	oment
	Тах Туре	Periods	Notice of Tax Asses Reference Number (if a	
2 December for your request				
3. Reasons for your request Explain the reasons for, and any other information relevant to, your request. Attach all supporting				
documents.				
4. Contact details of the person to contact				
regarding this request				
In the case of a company or partnership, this must	Name		Contact Number	er e e
be the responsible person or the managing director				
of the company. In the case of an individual, this must be the individual himself.	Email Address			
Declaration				
I declare that the information given on this applica-				t if any
incorrect information is provided on this form, MIR	A may reject this form	or reverse any fine relief granted purs	uant to this request.	
Title First Name Other Names		Contact Number		
		D D M M Y Y Y		
Designation Email Address		Date	Signature & Seal	
For Office Use Only				