**Taxpayers Assistance Form\***

**1. Taxpayer**  Date………../………../……...……

TIN…………………………...Tax type: **Income Tax** Period……………../……..……….

**Assessment** submitted by the taxpayer:…………………………….Submission date:……/………/….

|  |
| --- |
| Issue description by Taxpayer |
|  |

Taxpayer representative name………………………………………………………………………………….

Taxpayer representative ID …………………………………………………………………………………….

Taxpayer representative phone number……………………………………………………………………..

Signature

Business Owner Phone number:………………………………………………………………………..

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Date of Taxpayer reception--------------------------------------------------------------------------------------------

**2.RRA Officer name**--------------------------------------------------------------User Name-----------------------

**Reported issue:**

|  |  |
| --- | --- |
| **Summary issue** | **Proposed solution/Solution ID** |
|  |  |

**Business.Analyst officer/ Return officer**

Name & signature

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**Approval**

Senior Return Officer/ Return Processing GL/ Senior BA

Name-------------------------------------------------------------

 Date and signature-------------------------------------------