



BARBADOS REVENUE AUTHORITY

Sixth Floor, Treasury Building, Bridge Street, Bridgetown, Barbados, BB 11129

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COMPLIANCE DESK AUDIT REQUEST

DATE SUBMITTED: _____

TAXPAYER DETAILS

Name:			
NRN:		TIN:	
Address:			
Contact No:			
Email:			

EMPLOYER DETAILS (IF APPLICABLE)

Employer Name:			
Contact Name:		TIN	
Business Name			
Address:			
Employer Contact No:			

DETAILS (OFFICIAL USE ONLY)

Tax Type: _____

Reason: _____

Officer Comments: _____

Recommended

Telephone

Visit

Document(s) Attached

Yes

No

Officer Assigned (Print Name): _____

Officer (assignee): _____

Date: _____