

FORM CR2



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Tax Credit Refund

PAPUA NEW GUINEA INTERNAL REVENUE COMMISSION

PNGIRC - Your Partner in Nation Building

Taxpayer Identification Number (TIN):

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Effective date: 3 Oct 2014

INCOME TAX ACT 1959 AS AMENDED

APPLICATION FOR A REFUND OF A TAX CREDIT

NAME AND ADDRESS OF APPLICANT

NAME OF TAXPAYER:					
CONTACT / REPRESENTATIVE:					
PHONE No:					
E-MAIL ADDRESS:					
MAILING ADDRESS	SECTION No:			LOT No:	
	STREET / SUBURB / DISTRICT:				
	P.O. BOX:				
	COUNTRY:			PROVINCE:	
	CITY / POST OFFICE:				
	CARE OF (C/-):				

NOTES

Note 1: The purpose of this form is to inform the IRC of any tax account credits that you would like to have refunded. The IRC retains the authority to apply any credit against an outstanding tax debt of any nature, including penalties. Refund applications will only be considered where taxpayers have no outstanding debts owing to the IRC and where all relevant lodgements are up to date. All refund requests are subject to verification by the IRC.

Note 2: Refunds will only be paid directly into bank accounts. Please ensure that your address and bank details are up to date in your tax file. If the registration details on your IRC file are not up to date, please complete a TIN1 or TIN2 form and provide the correct information.

DETAILS OF TAX CREDIT

Tax type for which there is a credit (e.g. G.S.T., Income Tax, etc.):			
Tax period in credit:	MONTH:		YEAR:
Credit amount:		K	
NOTE: Write the full credit balance, even if only part is to be refunded.			

REFUND AMOUNT

Amount of refund requested : K

SIGNATURE OF PUBLIC OFFICER (OR DELEGATED AUTHORISED PERSON)

I declare that the information that I have provided is true and correct in every detail and discloses a full and complete statement of the facts. I understand that the law imposes heavy penalties for false and misleading statements.

SIGNED: _____

DATE: _____