



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES
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VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE
bir.vi.gov



APPLICATION FOR TAX FILING AND PAYMENT STATUS REPORT – CZM

The applicant(s) identified below hereby requests a letter certifying his or her tax filing and payment status for the purpose of receiving a Coastal Zone Management Permit from the Virgin Islands Department of Planning and Natural Resources pursuant to Act 5270, amending Sections 910 (a) (2) and 911 (d) (2) of the Coastal Zone Management Act (Title 12, Chapter 21, Virgin Islands Code). The applicant authorizes the Bureau of Internal Revenue to disclose any taxpayer information necessary to process this application to the Virgin Islands Department of Planning and Natural Resources, who may make such further disclosures as are necessary to carry out the requirements of the Coastal Zone Management Act, as amended.

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner SSN: \_\_\_\_\_

Business EIN: \_\_\_\_\_

Please Indicate Business type: Partnership Corporation Individual Other (List) \_\_\_\_\_

Please circle forms that you use:

720-B 720-VI 722-VI 941-VI 1040/8689 1065 1120 Other \_\_\_\_\_

Date Business Started: \_\_\_\_\_

Person Representing Applicant: \_\_\_\_\_

Position Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reply to: 4008 Estate Diamond Plot 7-B, Christiansted, VI 00820-4421
Or 6115 Estate Smith Bay – Suite 225, St. Thomas VI 00802

Note: Partnerships, Corporations, LLCs or LLPs must list the following information on a separate page attached to the application:

- 1. Partners/Corporate officers;
2. Social Security Numbers; and
3. Residency Address.