VIRGIN ISLANDS
BUREAU OF INTERNAL REVENUE
Processing Branch -Taxpayer Service
REQUEST FOR ASSISTANCE

District: STT/STJ ☐ STX ☐ DATE:

NAME OF TAXPAYER/BUSINESS:

SSN: EIN:

REASON FOR VISIT:

(To expedite the processing of this request, please attach supporting documentation.)

Contact Information

Home Telephone #: Work Telephone #:

Cell Phone #: Email:

Address:

Email form as attachment to: Customer Service STT Customer Service STX

********** *** * **FOR INTERNAL USE ONLY**********

Assigned Operator:

Date Assigned: Date Resolved: