



**VIRGIN ISLANDS
BUREAU OF INTERNAL REVENUE
Audit Enforcement Branch
REQUEST FOR ASSISTANCE**



District: STT/STJ STX

DATE: _____

NAME OF TAXPAYER/BUSINESS: _____

SSN: _____

EIN: _____

(If your case was already assigned please specify here) Revenue Agent Name: _____

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: [Audit STT](#) [Audit STX](#)

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

Assigned Operator: _____

Date Assigned: _____ Date Resolved: _____