



**VIRGIN ISLANDS
BUREAU OF INTERNAL REVENUE
Delinquent Accounts & Returns Branch
(DAR)
REQUEST FOR ASSISTANCE**



District: STT/STJ STX

DATE: _____

NAME OF TAXPAYER/BUSINESS: _____

SSN: _____

EIN: _____

REASON FOR VISIT: _____

(Please attach supporting documentation.)

Contact Information

Home Telephone #: _____ Work Telephone #: _____

Cell Phone #: _____ Email: _____

Address: _____

Email form as attachment to: [DAR STT](#) [DAR STX](#)

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

Assigned Operator: _____

Date Assigned: _____ Date Resolved: _____

(Note: If you have an existing installment agreement, please pay the cashier or if you would like to make payment arrangements, please complete form 9465.)