



**VIRGIN ISLANDS**  
**BUREAU OF INTERNAL REVENUE**  
**Processing Branch-Error Resolution Unit**  
**REQUEST FOR ASSISTANCE**



District: STT/STJ  STX

DATE: \_\_\_\_\_

NAME OF TAXPAYER/BUSINESS: \_\_\_\_\_

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

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

REASON FOR VISIT: \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_

(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: [Error Resolution STT](#)    [Error Resolution STX](#)

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

Assigned Operator: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Date Resolved: \_\_\_\_\_