



GOVERNMENT OF BERMUDA

Ministry of Finance

Office of the Tax Commissioner

CHANGE OF CONTACT INFORMATION

Use for Payroll Tax & Land Tax

PLEASE PRINT

Tax Certificate Required

Payroll Tax -

IF APPLICABLE (recent utility bill required)

TAX #: _____

Land Tax -

IF APPLICABLE Copy of I.D. required

Assessment # (s): _____

NAME OF EMPLOYER: _____

HOME ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

CONTACT #: H: _____ W: _____ C: _____

I certify that the information given above is true, correct and complete and to the best of my knowledge and belief.

PRINT NAME _____

SIGNATURE _____

Date _____

Office Use Only

Form received by: _____ DATE: _____

System updated: AS400 TIMS

Tax Certificate Compliance Check: Signed Payment Plan Provisional Tax Certificate issued Tax Certificate issued By: _____

"Making Your Taxes Less Taxing"

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Phone (441) 297-7754

Email: taxenquiry@gov.bm Website: www.gov.bm/payroll-tax