



**DEPARTMENT OF INLAND REVENUE
BARBADOS**

**APPLICATION FOR TAX CLEARANCE
Section 30 (2) of the Liquor Licences Act, Cap. 182)**

NAME:

ADDRESS:

TAX ACCOUNT NO.:

E-MAIL ADDRESS:

NATURE OF BUSINESS:

BUSINESS NAME:

PLACE OF BUSINESS:

Contact No(s):

SIGNATURE OF APPLICANT: DATE:/...../.....

YYYY MM DD

FOR OFFICIAL USE ONLY

ACCOUNT No.	TAX TYPE	TAX STATUS	DATE & SIGNATURE OF AUTHORIZED OFFICER
	INCOME		
	CORPORATION		
	HOTEL & RESTAURANT SALES		
	PAY AS YOU EARN		
	PREPAYMENTS - INDIVIDUALS		
	AIRLINE SERVICES		