

Barbados
DEPARTMENT OF INLAND REVENUE

Notice of Objection

Account Number: _____

Task Number: _____
(for office use only)

Name: _____

Address: _____

Telephone No. (W): _____

(H): _____

DLN: _____

I object to my Notice of Assessment for Year of Income _____ on the following grounds:

Documentation Yes

Description

Attached: No

Signature of Taxpayer or Agent

Date