



Guyana Revenue Authority

Professional Fee Application

Period

Y Y Y Y M M

Please read all instructions carefully and consult the guidelines provided at the end of this application.

Personal Information

*1 Taxpayer Identification Number	*2 Name	Changed? <input type="checkbox"/>	
	<input type="text"/>		
*3 Address	Changed? <input type="checkbox"/>	*4 Practice Address (if different)	
Line 1	<input type="text"/>	Line 1	<input type="text"/>
Line 2	<input type="text"/>	Line 2	<input type="text"/>
P.O. Box	<input type="text"/>	P.O. Box	<input type="text"/>
Country	<input type="text"/>	Country	<input type="text"/>

Profession

Select the appropriate profession(s):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Medical Practitioner | <input type="checkbox"/> Tax Preparer |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Auditor | <input type="checkbox"/> Pharmacist | |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Physiotherapist | |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Surgeon | |
| <input type="checkbox"/> Legal Practitioner | <input type="checkbox"/> Surveyor | |

Fees

Total Fees Payable (\$) , , , ,

Declaration

I, , certify that the information given, on this return and any attachment, is true & correct.
First Name Last Name

Signature

Title

Date

(indicate whether proprietor, director, manager, secretary, office holder in club or association duly authorised)