



**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES**
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VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE



6115 Estate Smith Bay Ste 225
St. Thomas VI 00802
Phone: (340) 715-1040
Secure Fax: (340) 774-6627

4008 Estate Diamond Plot 7 B
Christiansted VI 00820-4421
Phone: (340) 773-1040
Secure Fax: (340) 719-2725

REQUEST FOR CREDIT CARD USAGE

I, _____ authorize the Government of the Virgin Islands Bureau of Internal Revenue to charge my credit card in the amount of \$_____ for a onetime payment of my taxes listed below. By signing this documentation, you are agreeing not to dispute or cancel this charge. A fax copy of this authorization and the undersigned signatures may be deemed equivalent to the original and may be used as duplicate original.

<u>TYPE OF TAX</u>	<u>TAX PERIOD</u>	<u>SSN/EIN</u>	<u>AMOUNT</u>

REQUIREMENTS: *A legible copy of the front and back of the credit card and your picture ID. This request can only be made by the cardholder of the said account. If the form is to be presented to this office by a third party, you are required to state that person's name below and they must present a picture ID when presenting this form for identity purposes.*

PLEASE CHECK ONE: M/C VISA

_____ Credit Card No

_____ Expiration Date

_____ Exact Name Shown on Card

_____ Cardholder's Signature

_____ Billing Address of Card Holder

_____ Physical Address of Card Holder

_____ Name of Authorized Person to Present this Form on Your Behalf ****ID IS REQUIRED ****

****PLEASE NOTE: CREDIT CARD MUST BELONG TO THE CARDHOLDER****

CERTAIN RESTRICTIONS APPLY AND TERMS ARE SUBJECT TO CHANGE WITHOUT NOTICE