

Telephone
(340) 774-1197
(340) 774-2672



Secure Fax
(340) 714-9331

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
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VIRGIN ISLANDS
BUREAU OF INTERNAL REVENUE
9601 Estate Thomas
Charlotte Amalie, St. Thomas, V. I. 00802

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 one time 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 said account. If 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 : VISA M/C

_____	_____
Credit card #	Expiration date
_____	_____
Exact name as shown on card	Cardholder's signature
_____	_____
Billing address of Cardholder	Daytime Telephone #

Physical address of Cardholder

Name of person authorized to present this form on your behalf

ID IS REQUIRED BY PRESENTOR
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Please Note: Credit Card must belong to the Cardholder.
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***Certain restrictions apply and terms are subject to change without notice.**