

GOVERNMENT OF  
 THE VIRGIN ISLANDS OF THE UNITED STATES  
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 VIRGIN ISLANDS BUREAU OF INTERNAL REVENUE  
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 APPLICATION FOR  
 TAX FILING AND PAYMENT STATUS REPORT-LICENSING

The applicant identified below hereby requests a letter certifying his or her tax filing and payment status for the purpose of receiving a new or renewal license from the Department of Licensing and Consumer Affairs pursuant to Section 101 of Act 5060, codified as Title 27, Section 304, Subchapter (j), Virgin Islands Code. The applicant authorizes the Virgin Islands Bureau of Internal Revenue to disclose any taxpayer information related to this application to the Department of Licensing and Consumer Affairs, who may make such further disclosures as are necessary to carry out the requirements of Act 5060.

1. BUSINESS NAME: \_\_\_\_\_
2. BUSINESS EIN: \_\_\_\_\_
3. OWNERS SSN: \_\_\_\_\_ SPOUSE SSN: \_\_\_\_\_
4. PLEASE INDICATE: \_\_\_\_\_ NEW LICENSE \_\_\_\_\_ RENEWAL
5. \_\_\_\_\_ SELF-EMPLOYED \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LLC \_\_\_\_\_ LLP
6. DO YOU HAVE EMPLOYEES? \_\_\_\_\_
7. PLEASE CIRCLE FORMS THAT YOU USE:  
 (1040/8689,1065,1120,941VI,720VI,720BVI,722VI, OTHER(list) \_\_\_\_\_
8. DATE BUSINESS STARTED: \_\_\_\_\_ LICENSE EXPIRATION DATE: \_\_\_\_\_
9. PERSON REPRESENTING APPLICANT: \_\_\_\_\_
10. POSITION OF REPRESENTATIVE: \_\_\_\_\_
11. SIGNATURE: \_\_\_\_\_
12. MAILING ADDRESS: \_\_\_\_\_
13. PHYSICAL ADDRESS: \_\_\_\_\_
14. DATE: \_\_\_\_\_ TELEPHONE : \_\_\_\_\_

REPLY TO: 9601 ESTATE THOMAS, ST. THOMAS, VIRGIN ISLANDS 00802  
 OR 4008 ESTATE DIAMOND, PLOT 7B, CHRISTIANSTED, VIRGIN ISLANDS 00820-4421

[See back of Form for instructions]

## INSTRUCTIONS FOR FORMS LIC 1 AND LIC 1A

Please print (except for the signature). Do not write with a pencil. Prepare this form in duplicate. Have one of the copies stamped for your record. Save this copy for future reference. DO NOT SUBMIT A COPY OF THIS APPLICATION TO LICENSING AND CONSUMER AFFAIRS. This form must be completed in its entirety before a letter certifying tax filing and payment status can be issued.

You are required to complete and submit a notarized affidavit (Form LIC 1A) if you have not resided in the Virgin Islands and have not filed your Federal Income Tax Returns for the three years prior to this application with the Bureau, if you have been unemployed for the past three years or if you were attending school. CORPORATIONS AND PARTNERSHIPS – List name, social security number and mailing address for corporate officers or partners. S CORPORATIONS – Also list name, social security number, and mailing address for all shareholders. ALL INCOME INCOMPLETE APPLICATIONS WILL BE REJECTED.

### Specific Instructions

1. Business Name: The name under which the business is conducted; it may be the same as or different to the applicant's name (i.e. John Smith (applicant) d/b/a Smith's Construction (business name)) (d/b/a – doing business as).
2. Business EIN: Employer Identification Number, a 9-digit number issued by the Internal Revenue Service in Philadelphia to partnerships, corporations and self-employed individuals who pay wages to one or more employees.
3. Owners SSN: Social Security Number, a 9-digit number issued to an individual by the Social Security Administration. Spouse SSN: also a 9-digit number.
4. Type of License: Check one (1) to indicate whether this application is for a new license or a renewal license.
5. Form of Business: Check one (1) to indicate whether the business is organized as a Self Employed, a Corporation, a Partnership, a Limited Liability Company or a Limited Liability Partnership.
6. Do have any employees: Either answer yes or no on this line.
7. Circle Forms that you use: 1120(Corporation), 1065(Partnership), 1040/8689(Individual), 941VI(Withholding Tax), 720VI & 720B-VI (Gross Receipts Tax), 722VI (Hotel Room Tax).
8. License Expiration Date: Date shown on your business license.
9. & 10. Person Representing the Applicant: If other than the applicant, a partner or a corporate officer, this individual must attach a valid power of attorney (Form 2848) to receive the tax clearance letter.
11. All applications must be signed.
12. Mailing address is essential for proper delivery of tax clearance letter.
- 13 & 14. Physical Address is also required by licensing. Telephone No.: A daytime number is essential.