

SCHEDULE

(Paragraphs 2 and 3)

Form 1

RA-01



THE REVENUE APPEALS DIVISION ACT

The Revenue Appeals Division (Prescribed Forms) Regulations, 2015

MINISTRY OF FINANCE
REVENUE APPEALS DIVISION

NOTICE OF APPEAL

For official use only

Appeal Reference No.

Date Received

This Appeal is being made pursuant to **section 11** of the **Revenue Appeals Division (RAD) Act, 2015**.

This Notice must be submitted to the Commissioner of RAD within 90 days of the date of the Notice of Decision or 30 days of the receipt of the Notice of Decision, whichever is later, pursuant to **rule 3 of the Revenue Appeals Division Rules, 2015**.

Pursuant to **rule 4** of the **Revenue Appeals Division Rules, 2015**, this Notice of Appeal must be accompanied by a copy of the relevant Notice of Decision from the Revenue Department along with any supplementary documents in support of the appeal.

All documents must be submitted (by hand, mail, fax or e-mail) to the Commissioner, Offices of the Revenue Appeals Division: 12 Ocean Boulevard, 1st Floor, Kingston, fax: 948-9371, e-mail: appeals.rad@mof.gov.jm.

1. Appellant's Details

Taxpayer Registration No. (TRN)

Name of Company or Organisation

Contact Name

First Name (if taxpayer is an individual)

Surname (if taxpayer is an individual)

Address (Apt. No., Street No. and
Name, Postal Zone and Parish)Telephone No. (mobile, landline &
facsimile)

Telephone No. (s)

Fax No.

Email Address

2. Appellant's representative details (if applicable)

By completing this section I have given approval to the named person to act on my behalf in this appeal.

Form 1

RA-01



THE REVENUE APPEALS DIVISION ACT

The Revenue Appeals Division (Prescribed Forms) Regulations, 2015

MINISTRY OF FINANCE REVENUE APPEALS DIVISION

NOTICE OF APPEAL

Name of Business or Organisation

Contact Name

Address (Apt. No., Street No. and
Name, Postal Zone and Parish)

Telephone No. (cell, landlines & fax)

Telephone No. (s)

Fax No.

Email Address

3. Details of the decision being appealed

Decision Reference No.

Date of the Decision

Date Received

Tax Type being appealed				
☐ Assets Tax	☐ Bauxite Production Levy	☐ Contractor's Levy	☐ Customs Duty	☐ Education Tax
☐ GCT	☐ GART	☐ Income Tax	☐ PAYE	☐ SCT
☐ Stamp Duty	☐ Telephone Call	☐ Transfer Tax	☐ Withholding Tax	

Period(s) of Liability

Liability Amount

Grounds for the Appeal

Please state your reasons for disagreeing with the decision of the relevant Revenue Commissioner. Use extra page if necessary.

Form 1

RA-01



THE REVENUE APPEALS DIVISION ACT

The Revenue Appeals Division (Prescribed Forms) Regulations, 2015

MINISTRY OF FINANCE REVENUE APPEALS DIVISION

NOTICE OF APPEAL

List of Documents to support the appeal	Reasons for late application (if applicable)
---	--

☐ I am the appellant

☐ I am the appellant's representative

Name

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY	
Notice received by:	Signature:
Documents received: ☐ Notice of Decision	☐ Transfer Tax / Customs Deposit Receipts
☐ Other supporting documents	
Remarks:	Date Perfected:
	Perfected by:
	Signature