

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.

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Name of Business or Organisation	<input type="text"/>		
Contact Name	<input type="text"/>		
Address (Apt. No., Street No. and Name, Postal Zone and Parish)	<input type="text"/>		
Telephone No. (cell, landlines & fax)	<table border="1"> <tr> <td>Telephone No. (s)</td> <td>Fax No.</td> </tr> </table>	Telephone No. (s)	Fax No.
Telephone No. (s)	Fax No.		
Email Address	<input type="text"/>		

3. Details of the decision being appealed

Decision Reference No.	<input type="text"/>
Date of the Decision	<input type="text"/>
Date Received	<input type="text"/>

Tax Type being appealed				
<input type="checkbox"/> Assets Tax	<input type="checkbox"/> Bauxite Production Levy	<input type="checkbox"/> Contractor's Levy	<input type="checkbox"/> Customs Duty	<input type="checkbox"/> Education Tax
<input type="checkbox"/> GCT	<input type="checkbox"/> GART	<input type="checkbox"/> Income Tax	<input type="checkbox"/> PAYE	<input type="checkbox"/> SCT
<input type="checkbox"/> Stamp Duty	<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Transfer Tax	<input type="checkbox"/> Withholding Tax	

Period(s) of Liability	<input type="text"/>
Liability Amount	<input type="text"/>

Grounds for the Appeal

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

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List of Documents to support the appeal	Reasons for late application (if applicable)
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☐ I am the appellant

☐ I am the appellant's representative

Name

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY	
Notice received by:	Signature:
Documents received: <input type="checkbox"/> Notice of Decision	<input type="checkbox"/> Transfer Tax / Customs Deposit Receipts
<input type="checkbox"/> Other supporting documents	
Remarks:	Date Perfected:
	Perfected by:
	Signature