INCOME YEAR

COMMONWEALTH OF DOMINICA
INLAND REVENUE DIVISION
APPLICATION FOR TAX ADJUSTMENT

"Section 48A of the IT Act; Income Tax (Amendment) Act Nos 3 of 2020 and 13 of 2021"

Applicant Name | Social Security Number | Phone #

Home Address | Name of Spouse (where applicable)

Name of Employer (Ministry or Division) | Name of Employer (Private Sector)

Answer all Applicable Questions

Mortgage Adjustment

1. Location of Property (1st property)
2. Location of Property (2nd property)

	Yes	No	N/A
3. Is the Certificate of Title for the property you are claiming registered in your name? (1st property)	○	○	○
4. Is the Certificate of Title for the property you are claiming registered in your name? (2nd property)	○	○	○
5. Do you currently reside in the property for which you are requesting the relief?	○	○	○
6. Are you the **only person** claiming a deduction in respect of this property?	○	○	○
7. If no, indicate the name of the **other person**, their relationship to you and the percentage **OR** amount of interest claimed	○	○	○

Name | Relationship | Per cent | EC$ Amount

Name | Relationship | Per cent | EC$ Amount

Property Insurance Adjustment

Name | Relationship | Per cent | EC$ Total Premium Paid

Name | Relationship | Per cent | EC$ Total Premium Paid

Health Insurance Adjustment

	Yes	No	N/A
8. Is the Health Insurance you are claiming registered in your name?	○	○	○

EC$ Total Premium Paid

Student Loan interest Adjustment

	Yes	No	N/A
9. Is the student enrolled in an approved Institution?	○	○	○
10. Is the student enrolled at this Institution for at least six months?	○	○	○
11. Is the person claiming the deduction a benefactor of the student?	○	○	○
12. If the student completed the course of study is that person Domicile and resident of Dominica?	○	○	○

EC$ Amount

13. Documents attached to this application (please tick)

- (i) Copy of Certificate of Title (for new applications) ☐
- (ii) Most recent Salary Statement ☐
- (iii) Statement of projected Mortgage Interest ☐
- (iv) Payment Invoice for Health Insurance premiums ☐
- (v) Payment Invoice for Property Insurance premiums ☐
- (vi) Copy of College Enrollment Letter/Degree Certificate ☐

CERTIFICATE OF DISCLOSURE

*I hereby certify that the information given on this application form, together with the documents attached, is **true**, **correct** and **complete** in every respect. I understand that I may be liable to a penalty for any false information given **in addition to the resulting implications** on my income tax liability.*

Name | Signature | Day Month Year

FOR OFFICIAL USE ONLY

Document Number | Taxpayer Number | Spouse's Taxpayer Number | Officer Number

Start Date | End Date | EC$ Amount | Enter Date