

## Letter of Authorisation

Note:

1) This form may take you 3 - 5 minutes to fill in.

Please get ready the following information to fill in the form:

- a) Your full name, address and contact number;
- b) Your identification number e.g. NRIC, Malaysia IC, Foreign Identification No. (FIN), Work Permit No. (WP) or Passport No. (PP);
- c) The authorised person's full name; and
- d) The authorised person's identification number e.g. NRIC, Malaysia IC, Foreign Identification No. (FIN), Work Permit No. (WP) or Passport No. (PP).
- e) The types of documents requesting and its relevant year(s). Please tick the boxes  and indicate the years.

IRAS may not be able to process your request if the above information is incomplete.

2) Both the taxpayer's and the authorised person's original identity documents must be produced together with this letter.

3) Search fees are levied for requests of duplicate Notices of Assessment and documents. You may refer to our website for the current search fees and document fees by following the links:  
Home > Individuals > Locals > Other Services > Getting a Copy of Your Tax Bill, under "Table of Fees" and "Fees for Each Page of Document".

Please note that only **NETS / Cash Card** will be accepted for payment of duplicate Notices of Assessment and documents collected over the counter at Taxpayer and Business Service Centre.

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To: Comptroller of Income Tax

Name of taxpayer: \_\_\_\_\_

Address of taxpayer: \_\_\_\_\_

Contact number: \_\_\_\_\_ (Office/Home) \_\_\_\_\_ (HP)

### **LETTER OF AUTHORISATION**

I, \_\_\_\_\_, \*NRIC/ M'sia IC/ FIN/ WP no/ PP no \_\_\_\_\_ authorise

\*Mr/Mdm/Ms \_\_\_\_\_ \*NRIC/ M'sia IC/ FIN/ WP no/ PP

\_\_\_\_\_ to collect the following on my behalf:

***Please tick one of the following boxes and indicate the year(s)***

Notice(s) of Assessment for the Year(s) of Assessment \_\_\_\_\_ to \_\_\_\_\_

Income Tax Statement of Accounts

Tax return form for the Year(s) of Assessment \_\_\_\_\_ to \_\_\_\_\_

\* and / or

To complete and sign on my behalf the tax return form for the Year(s) of Assessment \_\_\_\_\_ to \_\_\_\_\_ . I agree that my income tax (if any) shall be computed based on these completed returns.

Others, please specify \_\_\_\_\_

Yours faithfully

\_\_\_\_\_  
(Signature as per IRAS's record) (Date of request)

\* Please delete if not applicable