



Taxpayer's name	Business ID

Address for sending back the decision on adjustment						
Postal address (street or road)	Building no	Entrance no	Apart-ment no	PO Box no	Postal code	Town or City

<b>Year or years concerned</b>

<input type="checkbox"/> The taxpayer requests injunction of enforced recovery of the amount this claim is for.
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Reason/subject for this claim (select more than one if necessary)		
<input type="checkbox"/> Assessment by estimation	<input type="checkbox"/> Replacement return filed	<input type="checkbox"/> Transfer pricing
<input type="checkbox"/> Tax increase or late-payment penalty	<input type="checkbox"/> Constructive dividends	
<input type="checkbox"/> Separation of different sources of income	<input type="checkbox"/> Capital gains, liquidation gains, capital losses	
<input type="checkbox"/> Foreign tax credit	<input type="checkbox"/> Calculation of mathematical value, comparison value	
<input type="checkbox"/> Permanent establishment for income tax	<input type="checkbox"/> Status as a corporation promoting the public good, income tax	
<input type="checkbox"/> Other reason		

Enclosures	
<input type="checkbox"/> Tax Return or other Tax forms	<input type="checkbox"/> P/L + Balance sheet
<input type="checkbox"/> Auditor's report	<input type="checkbox"/> Minutes of Annual General Meeting
<input type="checkbox"/> Consolidated financial statements	<input type="checkbox"/> Further account of the circumstances

Date	Signature and printed name

Person to contact	Telephone