

Statement of Authorization for online filing (V-login)

Authorization

The undersigned taxpayer hereby grant authorization to the below stated consultant to perform online filing on his/her behalf.

Data of Tax Payer	
Name of Company	
Crib number	
Surname	
First name and initials	
Function	
Address	
Telephone number	
Email address	

Data of Consultant	
Name of Company	
Crib number	
Surname	
First name and initials	
Function	
Address	
Telephone number	
Email address	

Date: _____, 20____ (mmddyy)

Signature: _____ Signature: _____
(Taxpayer) (Consultant)

Remarks:

1. All the requested information must be completely filled in.
2. The form must be printed and signed by both parties. The signed form can delivered by either party to the Tax Administration, Vineyard Building, or emailed to taxinfo@sintmaartengov.org
3. The form must be supported with ID of both parties.
4. The party to whom authorization is granted must have a verified E-login.
5. For cancellation of an authorization one or both parties must inform the Tax Administration.

