



PAYMENT DESCRIPTION SLIP
MINISTRY OF FINANCE, INLAND REVENUE DIVISION
TRINIDAD AND TOBAGO

Date: ____/____/____

Name: _____

Address: _____

Date Payment Received: ____/____/____

Tax Type	B.I.R/P.A.Y.E/ V.A.T NO.	Year	Month Period	Principal	Penalty	Interest

Cash: \$ _____ Cheque: \$ _____ Linx: \$ _____ Other \$ _____

TOTAL: \$ _____

Signature of Payer: _____