

Commissioner of Inland Revenue Floriana CMR 02

Income Tax Remittance Advice

Taxpayer Ref. No.			
Taxpayer Full Name & Address			
Taxpayer Year of Birt	th		
Amount of Payment			
Date of Payment			
Payment in respect of	Year of Ass	sessment	
If paying by cheque pr			ils
Cheque Number		Account No.	
Bank and Branch			
Full Name & Telepho of person making pays			
		Signature	
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Commissioner of Inla	nd Revenue		TAXPAYER COPY
Floriana CMR 02			
	Income		nittance Advice
	Income		
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