



**COMMONWEALTH OF DOMINICA  
MUTUAL AGREEMENT PROCEDURES (MAP)  
APPLICATION**



Taxpayer Name: Company name: Taxpayer/ Company Tax#:		Street Address Including City, State, and ZIP Code	
Telephone:		Birthdate:	
Email Address:			
Mailing Address:		Tax period:	

**REASON FOR  
REQUEST**

**DETAILS OF ISSUES:**

Please provide details of any appeals or legal actions taken by you or other parties concerning the transactions in question. Include copies of all relevant documentation that supports the claim of double taxation, such as tax assessment or reassessment notices, objection notices, tax audit reports, or similar documents. You may attach a supplementary sheet if needed to this application.

**A REQUEST WAS SUBMITTED TO THE OTHER CONTRACTING STATE.** YES  NO

If yes please attach a copy of the submission, clearly indicating the date, name and office to which the request was submitted.

**THE CASE WAS SUBMITTED TO ANOTHER AUTHORITY WHICH RESOLVES TREATY RELATED ISSUES.** YES  NO

I declare that all information given on this form is true and correct. I understand that the Government of the Commonwealth of Dominica has the authority to disclose the information provided to the other contracting states. I affirm to assist the competent authority in its resolution of the issue(s) presented in the MAP request by furnishing any other information or documentation required by the competent authority in a timely manner.

Name	<input type="text"/>	Signature	<input type="text"/>
	<i>Name of the Person Submitting this Form (print)</i>		<i>Signature of the Person Submitting this Form</i>
Date of Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>