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இலங்கை உள்நாட்டு இறைவரி
Sri Lanka Inland Revenue

APPLICATION FORM FOR PRIVILEGE CARD – YEAR 202…

All fields marked with * are Mandatory

Please fill up the form using BLOCK LETTERS

SECTION A

National Identity Card Number (NIC) * :

Passport No (If Any) :

Tax Payer Identification Number (TIN) * :

Salutation * : ☐ Rev. ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms.

Name with Initials* :

Full Name of Applicant * :

Permanent Address*

Premises No. : Unit No. :

Address :

Office Address

Premises No. : Unit No. :

Address :

Contact Details *

Please provide at least one contact number and the email address.

Mobile : Email*:

Details of approved accountant/any other person (If Any)

Telephone No: Email:

SECTION B

Compliance Details*

Date of submission of the Return of Income for the Year of Assessment 2025/2026	
Amount of tax payable as per the above Return of Income	

Self-Assessment Payments made for the above Year of Assessment

SA Payment	Payment Date	Amount
SA 01		
SA 02		
SA 03		
SA 04		
Final		

Other Tax Credits claimed (APIT/WHT/AIT/ Partnership /Other .....)	

Documents attached:
(Please Mark "X" in the respective answer)

Document	Yes	No
The copy of Return of Income for the Year of Assessment 2025/2026		
The copies of National Identity Card and the Passport		
The copy of T-10 Certificate (If applicable)		
The scanned copies of Original certificates of the WHT/AIT/Partnership tax, etc. (if applicable)		

Consent to publish as a Privilege Card Holder in IRD Web Portal/ Intranet and at the respective Branch/Unit/Regional Office. *(Please Mark "X" in the respective answer)*	Yes	
	No	

Authorization *

I do hereby certify that the particulars furnished by me in this application are true and correct.

Name* :

Designation:

Signature* :

Date* D D / M M / Y Y Y Y