

MISCELLANEOUS VISIT REPORT

Circle

Division

1. Name of VAT Dealer _____

2. TIN _____

3. Address(es) visited _____

4. Person(s) interviewed _____

5. Date and time of visit from _____ to _____

Person(s) interviewed _____

Date and time of visit _____

Result of visit (Record essential details of checks completed)

Date: _____

Officer's Name: _____

Officer's Signature: _____