## Department of Labor and Employment OVERSEAS WORKERS WELFARE ADMINISTRATION

Region: \_\_\_\_\_\_ WORKERS ASSISTANCE UNIT

## **REQUEST FOR TAX REFUND**

Name of Wo	orker:				
Category: (F	Please Check)				
	Caretaker			Factory Work	ker
	Fisherman			Domestic He	lper
	Construction	n Worker			
Passport Nu	ımber:				
Date of Arriv	val in Taiwan:				
Date of Departure from Taiwan:					
Address and	d Tel. No. (Job	osite):			
Name of Ta	iwan Broker: _				
Tel. No:					
Name/Addre					
					Signature Over Printed Name Date: