

**SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT  
DISCOUNTED VAT RATE DAY APPLICATION**

VAT-004



*Note: Complete Sections 1, 2 and 3. Section 4 is for official use only.*

*Applications must be returned to Inland Revenue Department before the 6th of December 2019.*

**SECTION 1 - TAXPAYER IDENTIFICATION**

VAT REGISTRATION NO.:

REGISTERED NAME:

TRADE NAME:

BUSINESS ADDRESS:

CITY / TOWN / VILLAGE:  ISLAND:

HOME PHONE:  WORK :  MOBILE :

E-MAIL ADDRESS:

*Please note: Taxpayers who have any outstanding liabilities with the Comptroller of Inland Revenue Department (IRD) or Customs Excise Department will not be eligible to participate in the Discounted VAT Day unless arrangements are made in advance to settle all outstanding liabilities.*

**SECTION 2 PLEASE CHECK THE APPROPRIATE BOX**

	YES	NO
(1) Do you have any outstanding taxes, licenses or fees with the Inland Revenue Department ?	(1) <input type="checkbox"/>	<input type="checkbox"/>
(2) Do you have any pending Objections with the Inland Revenue Department ?	(2) <input type="checkbox"/>	<input type="checkbox"/>
(3) If Yes to No. 2, have you satisfied all conditions of this objection, including submitting payment of 50% of tax in dispute?	(3) <input type="checkbox"/>	<input type="checkbox"/>
(4) Do you have any outstanding taxes, licenses or fees with the Customs Excise Department?	(4) <input type="checkbox"/>	<input type="checkbox"/>
(5) I intend to participate in the Discounted VAT Rate Day on 13th December, 2019 .	(5) <input type="checkbox"/>	<input type="checkbox"/>
(6) I intend to participate in the Discounted VAT Rate Day on 21st December, 2019 .	(6) <input type="checkbox"/>	<input type="checkbox"/>

**SECTION 3 - DECLARATION**

*I declare that the information given on this application form is, to the best of my knowledge, true, correct and complete, and that I have the authority to make this disclosure of the information provided.*

SIGNATORY FULL NAME:

DAY /  MONTH /  YEAR

SIGNATURE OF APPLICANT

**SECTION 4 - FOR OFFICIAL USE ONLY**

RECEIVED: DAY / MONTH / YEAR      DOC. NO.:

APPROVED:       NOT APPROVED:

APPROVED /NOT APPROVED BY:

REASON NOT APPROVED: