



# St. Kitts and Nevis Inland Revenue Department

Form  
**VAT 002**

## VAT Application for Refund

Taxpayer identification number

First name

Middle Name

Last Name

Trade Name

Business Address

  
  

Company Name

Mailing Address

  
  

Telephone Number Enter area code

Fax number Enter area code

Email Address

### Return Period

Start Date

End Date

First time applying for refund

Yes

No

DD/MM/YYYY

DD/MM/YYYY

Amount of Refund Claim

Amount under EC\$100 will not be refunded, but we will carry the amount forward to the next succeeding tax period as an input tax deduction

### Declaration

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

Full name

Signature and date

DD/MM/YYYY

Title

### For Inland Revenue use ONLY

Reference No.

Notes:

  
  
  

Application received

DD/MM/YYYY

Accepted:  Selected for Audit  Rejected

Processed by

Approved by (VAT) Deputy Comptroller

Approved by (IRD) Comptroller

Refund Cheque Issued

Amount Approved

\$