

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

OBJ-001

NOTICE OF OBJECTION



Note: Where applicable, enter complete names, addresses, and assessment information. Failure to complete all applicable sections can cause delays in the processing of your objection.

SECTION 1 - TAXPAYER IDENTIFICATION

TAXPAYER NO.: SOCIAL SECURITY NO.:

LAST NAME: FIRST NAME:

MIDDLE NAMES:

OR

COMPANY NAME:

MAILING ADDRESS:

CITY / TOWN / VILLAGE: STATE:

COUNTRY: CODE:

HOME PHONE: WORK : MOBILE :

E-MAIL ADDRESS:

NATIONALITY:

SECTION 2 - ASSESSMENT DETAILS

Check the box relevant to the tax for which you are objecting.

TYPE OF TAX: INCOME TAX (CORPORATION) WITHHOLDING TAX
 UNINCORPORATED BUSINESS TAX INSURANCE REGISTRATION/PREMIUM FEES
 OTHER:

Check the box indicating the nature of your dispute.

NATURE OF DISPUTE: INCOME DEDUCTION
 TAX PENALTY
 INTEREST
 OTHER:

ASSESSMENT PERIOD: ASSESSMENT NO.:

AMOUNT IN DISPUTE: ASSESSMENT DATE:

SECTION 3 - REASONS FOR OBJECTION

<input type="checkbox"/>	MISCALCULATION ON ASSESSMENT	<input type="checkbox"/>	CONTRIBUTION TO APPROVED PENSION FUND
<input type="checkbox"/>	EXPENSES ARE BUSINESS RELATED	<input type="checkbox"/>	GRATUITY ON TERMINATION OF CONTRACT
<input type="checkbox"/>	AMOUNT NOT SUBJECT TO SOCIAL SECURITY	<input type="checkbox"/>	COMPANY ON TAX HOLIDAY
<input type="checkbox"/>	APPEAL OF COMPTROLLER DECISION	<input type="checkbox"/>	OTHER

DETAILED EXPLANATION:

SECTION 4 - DECLARATION

I declare that the information given on this form is to the best of my knowledge and belief true and correct and that I have the authority to disclose the information provided. I understand that the Saint Christopher and Nevis Inland Revenue Department reserves the right to review and adjust or reassess the information provided for a period of up to six years and the vendor and/or purchaser and/or their representatives will be held responsible for (i) understating, overstating or omitting data and (ii) the payment of any fees fines and penalties associated with their actions, as defined under the Tax Administration and Procedures Act and The Perjury Act, which will affect any subsequent tax related assessment. Please be aware that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to imprisonment for a term of seven (7) years or to a fine of thirty-thousand (\$ 30,000.00) dollars.

SIGNATORY FULL NAME:

TITLE IF INCORPORATED

SIGNATURE OF PERSON OBJECTING OR REPRESENTATIVE

DAY / MONTH / YEAR

SECTION 5 - INLAND REVENUE DEPARTMENT USE ONLY

DOCUMENT NO:

DATE RECEIVED:

DAY / MONTH / YEAR

DATE REVIEWED:

DAY / MONTH / YEAR

REVIEWED BY: