



TAXPAYER'S RECEIPT

ST. CHRISTOPHER AND NEVIS - Inland Revenue Department

Document No. :	Due date:
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CC-01 CERTIFICATE OF COMPETENCY

Tax Account No.:	Tax Period:	Assessment Period date: To	For Official use	Payment Date:	
			Amount	DUE	PAID
			Tax		
			Penalty		
			Interest		
			Total		
			Signature of Revenue Officer		

PART 1 - TAXPAYER AND TAX IDENTIFICATION

Document No. :	Date Issued :
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Tax Account No.:	Tax Period:	Assessment Period date: To	Due date:
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PART 2 - TAX DECLARATION AND CALCULATION

CERTIFICATE OF COMPETENCY

NOTE: Please submit this form and payment to Inland Revenue Department in ST. KITTS.

(10) DRIVER'S TEST FEE (10) _____

I certify that the information on this return is correct, complete, and fully discloses my liability for the related tax.	For Official use	Payment Date:	
	Amount	DUE	PAID
Signature: _____ Date: _____	Tax		
Title: _____	Penalty		
	Interest		
	Total		
Signature of Revenue Officer			