

SAINT CHRISTOPHER AND NEVIS
MUTUAL AGREEMENT PROCEDURES (MAP) APPLICATION



SECTION 1 - TAXPAYER IDENTIFICATION

TAXPAYER ID:	<input type="text"/>	BIRTHDATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>
TAXPAYER NAME:	<input type="text"/>				
MAILING ADDRESS:	<input type="text"/>				
CITY / TOWN / VILLAGE:	<input type="text"/>	STATE:	<input type="text"/>		
COUNTRY:	<input type="text"/>	CODE:	<input type="text"/>		
PHONE:	<input type="text"/>	FAX :	<input type="text"/>	MOBILE :	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>				
PRIMARY ACTIVITY:	<input type="text"/>				
	<input type="text"/>				

SECTION 2 - TAX PERIODS

FROM:	<input type="text"/>	TO:	<input type="text"/>
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SECTION 3 - BASIS FOR REQUEST

- ATTRIBUTIONS OF PROFITS TO A PERMANENT ESTABLISHMENT (PE)
- TRANSFER PRICING - DETERMINATION OF THE PROFITS BETWEEN ASSOCIATED ENTERPRISES.

SECTION 4 - SYNOPSIS OF THE ISSUES

Include details of any appeals and litigations initiated by the taxpayer or other parties to the relevant transactions. Include copies of all relevant information that is evidence to the alleged double taxation including tax assessment/reassessment notices, objection notices, tax audit reports or any other equivalent documentation. A supplementary sheet can be attached.

- A REQUEST WAS SUBMITTED TO THE OTHER CONTRACTING STATE.
- THE CASE WAS SUBMITTED TO ANOTHER AUTHORITY WHICH RESOLVES TREATY RELATED ISSUES.

SECTION 5 - DECLARATION

I declare that all information given on this form is true and correct. I understand that the Government of Saint Christopher and Nevis has the authority to disclose the information provided to the other Contracting State. 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 (XCD \$ 30,000.00) dollars.

FULL NAME:	<input type="text"/>				
TITLE:	<input type="text"/>				
SIGNATURE:	<input type="text"/>	DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>