## 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**

Γ												Τ				
TAXPAYER NO.:							SOCIAL	SECU	JRITY	NO.:		<u></u>				
LAST NAME:						FIRS	ST NAME	:								
MIDDLE NAMES:																
OR COMPANY NAME:																
MAILING ADDRESS:																
CITY / TOWN / VILLAGE:							STATE:									
COUNTRY:							CODE:									
HOME PHONE:			W	ORK :					N	/IOBIL	E:					
E-MAIL ADDRESS:																
NATIONALITY:																
SECTION 2 - ASSESSMENT  Check the box relevent to  TYPE OF TAX:  Check the box indicating	INCOME T UNINCORI OTHER:	PORATED I	ORATIOI	N)						DING 1		≀ATIO_	N/PRI	EMIUM	I FEE:	S
· ·																
NATURE OF DISPUTE:	INCOME							DED	UCTIC	N						
	TAX							PEN	ALTY							
	INTEREST															
	OTHER:															
ASSESSMENT PERIOD:					ASSES	SSMEN	NT NO.:									
AMOUNT IN DISPUTE:				A	ASSESS	MENT	DATE:									

# **SECTION 3 - REASONS FOR OBJECTION**

	MISCALCULATION ON ASSESSMENT		CONTRIBUTION TO APPROVED PENSION FUND
	_		ODATUITY ON TERMINATION OF CONTRACT
	EXPENSES ARE BUSINESS RELATED		GRATUITY ON TERMINATION OF CONTRACT
	AMOUNT NOT SUBJECT TO SOCIAL SECURITY		COMPANY ON TAX HOLIDAY
	APPEAL OF COMPTROLLER DECISION		OTHER
DETAILED EX	(PLANATION:		7
			<del></del>
ave the author devenue Depaix years and	ority to disclose the information provided. I und artment reserves the right to review and adjust of the vendor and/or purchaser and/or their represe	lerstand or reass entative	I that the Saint Christopher and Nevis Inland less the information provided for a period of up les will be held responsible for (i) understating,
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