

**SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT  
DISCOUNTED VAT RATE DAY APPLICATION**

**VAT-004**



*Note: By completing and submitting this application means you intend to participate in both 2020 VAT discount days on December 18th and 19th.*

*Complete Sections 1, 2 and 3. Section 4 for official use only.*

*Applications must be returned to Inland Revenue Department before the 11th of December 2020.*

**SECTION 1 - TAXPAYER IDENTIFICATION**

VAT REGISTRATION NO.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
REGISTERED NAME:	<input type="text"/>									
TRADE NAME:	<input type="text"/>									
BUSINESS ADDRESS:	<input type="text"/>									
CITY / TOWN / VILLAGE:	<input type="text"/>				ISLAND:	<input type="text"/>				
HOME PHONE:	<input type="text"/>			WORK :	<input type="text"/>			MOBILE :	<input type="text"/>	
E-MAIL ADDRESS:	<input type="text"/>									

*Please note: Taxpayers who have any outstanding liabilities with the Comptroller of Inland Revenue Department (IRD) or Customs Excise Department will not be eligible to participate in the Discounted VAT Day unless arrangements are made in advance to settle all outstanding liabilities.*

**SECTION 2 PLEASE CHECK THE APPROPRIATE BOX**

	YES	NO
(1) Do you have any outstanding taxes, licenses or fees with the Inland Revenue Department ? (1)	<input type="checkbox"/>	<input type="checkbox"/>
(2) Do you have any pending Objections with the Inland Revenue Department ? (2)	<input type="checkbox"/>	<input type="checkbox"/>
(3) If Yes to No. 2, have you satisfied all conditions of this objection, including submitting payment of 50% of tax in dispute? (3)	<input type="checkbox"/>	<input type="checkbox"/>
(4) Do you have any outstanding taxes, licenses or fees with the Customs Excise Department? (4)	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 3 - DECLARATION**

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

SIGNATORY FULL NAME:	<input type="text"/>		
<input type="text"/>	DAY	MONTH	YEAR
SIGNATURE OF APPLICANT			

**SECTION 4 - FOR OFFICIAL USE**

RECEIVED:	DAY	MONTH	YEAR	DOC. NO.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
APPROVED:	<input type="checkbox"/>	NOT APPROVED:	<input type="checkbox"/>										
APPROVED /NOT APPROVED BY:	<input type="text"/>												
REASON NOT APPROVED:	<input type="text"/>												