

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT



VAT-600

DISCOUNTED VAT DAY SALES REPORT

Please fill out the information below and submit this form to the Inland Revenue Department on or before 30th of December 2020.

SECTION 1 - TAXPAYER IDENTIFICATION

VAT NO.:

REGISTERED NAME :

TRADE NAME:

BUSINESS ADDRESS:

CITY / TOWN / VILLAGE:

HOME PHONE: WORK : MOBILE :

DVRD DATE: *(Complete a form for EACH day)*

SECTION 2 - SALES REPORT DETAILS

1	Standard Rated Sales (VAT Inclusive)	1	<input type="text"/>
2	5% Reduced Rate Sales (VAT Inclusive)	2	<input type="text"/>
3	Accommodation and Restaurant 10% Sales (VAT Inclusive)	3	<input type="text"/>
4	Zero Rated Sales	4	<input type="text"/>
5	Exempt Sales	5	<input type="text"/>
6	Total Sales (Add Lines 1+2+3+4+5)	6	<input type="text"/>
7	VAT Payable on Standard Rated Sales (Line 1 x 17/117)	7	<input type="text"/>
8	VAT Payable on 5% Rate Sales (Line 2 x 5/105)	8	<input type="text"/>
9	VAT Payable on 10% Rate Sales (Line 3 x 10/110)	9	<input type="text"/>
10	Total Output Tax Payable (Add Lines 7+8+9)	10	<input type="text"/>
11	Total Number of Vehicles Sold (If Applicable)	11	<input type="text"/>
12	Total Value of Vehicles Sold (If Applicable)	12	<input type="text"/>

SECTION 3 - 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 verify the information provided. 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.

FULL NAME:

TITLE:

DATE: DAY / MONTH / YEAR

SIGNATURE