

# SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT



RFD-001

## APPLICATION FOR TAX REFUND

*Note: Where applicable, enter complete names, addresses, tax and refund information. Failure to complete all applicable sections may cause delays in the processing of your refund request*

### SECTION 1 - TAXPAYER IDENTIFICATION

TAXPAYER NO.:	<input type="text"/>	SOCIAL SECURITY NO.:	<input type="text"/>
LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
MIDDLE NAMES:	<input type="text"/>		
<b>OR</b> COMPANY 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"/>
HOME PHONE:	<input type="text"/>	WORK :	<input type="text"/>
		MOBILE :	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>		
NATIONALITY:	<input type="text"/>		

### SECTION 2 - REFUND DETAILS

*Check the tax for which you are requesting a refund.*

TAX:	<input type="checkbox"/>	INCOME TAX (CORPORATION)	<input type="checkbox"/>	WITHHOLDING TAX
	<input type="checkbox"/>	UNINCORPORATED BUSINESS TAX	<input type="checkbox"/>	INSURANCE REGISTRATION/PREMIUM FEES
	<input type="checkbox"/>	PROPERTY TAX	<input type="checkbox"/>	VAULE ADDED TAX (VAT)
	<input type="checkbox"/>	OTHER:	<input type="text"/>	

TAX PERIOD(S):	<input type="text"/>	AMOUNT:	<input type="text"/>
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#### DETAILS OF REFUND

HOW WOULD YOU LIKE THE REFUND ISSUED:  :PAYMENT ISSUED  :APPLIED TO A FUTURE TAX PERIOD

**SECTION 3 - TAXES OUTSTANDING**

DO YOU HAVE ANY TAXES OUTSTANDING  YES  NO

**DETAILS OF TAXES OUTSTANDING**

**SECTION 4 - 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 adjust or reassess the information provided for a period of up to six years and the vendor and/or purchaser and/or their representatives will be held responsible for (i) understating, overstating or omitting data and (ii) the payment of any fees fines and penalties associated with their actions, as defined under the Tax Administration and Procedures Act and The Perjury Act, which will affect any subsequent tax related assessment. 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.

**SIGNATORY FULL NAME:**

**TITLE IF INCORPORATED**

SIGNATURE TAXPAYER OR REPRESENTATIVE

DAY / MONTH / YEAR

**SECTION 5 - INLAND REVENUE DEPARTMENT USE ONLY**

REFERENCE NO:

APPLICATION RECEIVED: DAY / MONTH / YEAR

DATE PROCESSED: DAY / MONTH / YEAR

PROCESSED BY:

DATE REVIEWED: DAY / MONTH / YEAR

REVIEWED BY:

ACCEPTED  SELECTED FOR AUDIT  REJECTED

APPROVED BY:

PAYMENT ISSUED: DAY / MONTH / YEAR

AMOUNT ISSUED: