

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT



ERR-001 v2

DISCLOSURE OF ERRORS

Note: Where applicable, enter complete names, addresses, and assessment information. Failure to complete applicable sections can cause delays in processing of your document.

SECTION 1 - TAXPAYER IDENTIFICATION

TAXPAYER NO.: SOCIAL SECURITY NO.:

LAST NAME: FIRST NAME:

MIDDLE NAMES:

OR

COMPANY NAME:

MAILING ADDRESS:

CITY / TOWN / VILLAGE: STATE:

COUNTRY: CODE:

HOME PHONE: WORK : MOBILE :

E-MAIL ADDRESS:

SECTION 2 - ERROR DETAILS

TYPE OF TAX: UNINCORPORATED BUSINESS TAX WITHHOLDING TAX
 INSURANCE REGISTRATION/PREMIUM FEES
 OTHER:

TAX PERIOD: DOCUMENT NO.:

DOCUMENT DATE:

COMMENTS

SECTION 3 - RESUBMISSION DETAILS

LINE NO.	LINE DESCRIPTION	AMOUNT SUBMITTED	AMOUNT REVISED
<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"/>
<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"/>
<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"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>

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, adjust or reassess the information provided for a period of up to six years. The taxpayer 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 these actions, as defined under the Tax Administration and Procedures Act, The Perjury Act and any other tax law specific to the tax submission to which this submission amends, which will affect this and 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:

/ /

SIGNATURE OF OWNER OR REPRESENTATIVE DAY / MONTH / YEAR

SECTION 5 - INLAND REVENUE DEPARTMENT USE ONLY

ASSESSMENT NO: DATE RECEIVED: / /

ENTERED BY: DATE REVIEWED: / /

VERIFIED BY: APPROVED BY: