

# SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT



**TPS-003**

## TERMINATION OF REGISTRATION

### SECTION 1 - INDIVIDUAL OR COMPANY

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"/>		
COMPANY NAME:	<input type="text"/>		
BUSINESS NAME:	<input type="text"/>		
BUSINESS ADDRESS:	<input type="text"/>		
CITY / TOWN / VILLAGE:	<input type="text"/>	PARISH:	<input type="text"/>
MAILING ADDRESS:	<input type="text"/>		
CITY / TOWN / VILLAGE:	<input type="text"/>	PARISH:	<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"/>		

### SECTION 2 - BUSINESS DETAILS

ALL OPERATIONS HAVE CEASED:      YES       NO

DATE OF CESSATION OF OPERATIONS:       DD-MMM-YYYY

*Note: If you are registered for VAT you must return the VAT certificate to the Inland Revenue Department.*

REASONS FOR CLOSING OPERATIONS:

DO YOU INTEND TO CARRY ON ANY BUSINESS WITHIN THE NEXT TWELVE (12) MONTHS:      YES       NO

DETAILS OF NEW BUSINESS:

HAVE YOU DISPOSED OF THE ASSETS:

YES

NO

IF [YES], HOW WERE THEY DISPOSED OF?

1: *Example: 2 x Cars - Sold for \$ 47500.00.*

	ASSETS SOLD TO 3RD PARTIES	VALUE
1.		
2.		
3.		

*Note: If you sold or are selling your assets, they must be included in your tax returns.*

	ASSETS RETAINED BY OWNER OR BUSINESS	VALUE
1.		
2.		
3.		
4.		
5.		

	STOCK IN TRADE	VALUE
1.		
2.		
3.		
4.		
5.		

	LIABILITIES	VALUE
1.		
2.		

**SECTION 3 - FINAL TAX SUBMISSIONS**

IF YOU HAVE SUBMITTED YOUR FINAL TAX RETURNS, PLEASE STATE THE PERIOD OF THE FINAL FILINGS. IF YOU HAVE NOT PLEASE DO SO IMMEDIATELY AND SUBMIT TO INLAND REVENUE DEPARTMENT.

PERIOD:

DO YOU HAVE ANY OUTSTANDING TAXES OR OBJECTIONS WITH THE INLAND REVENUE DEPARTMENT:

YES

NO

	TAX / OBJECTIONS	AMOUNT OUTSTANDING
1.		
2.		
3.		

*Note: If you sold or are selling your assets, they must be included in your tax returns.*

**SECTION 4 - SALE OR TRANSFER OF BUSINESS/ASSETS TO ANOTHER COMPANY OR INDIVIDUAL**

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"/>		
COMPANY NAME:	<input type="text"/>		
BUSINESS NAME:	<input type="text"/>		
BUSINESS ADDRESS:	<input type="text"/>		
CITY / TOWN / VILLAGE:	<input type="text"/>	PARISH:	<input type="text"/>
MAILING ADDRESS:	<input type="text"/>		
CITY / TOWN / VILLAGE:	<input type="text"/>	PARISH:	<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"/>		

**SECTION 5 - 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 applicant/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 the fees 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:

SIGNATURE OF APPLICANT / REPRESENTATIVE

DAY / MONTH / YEAR

**SECTION 6 - INLAND REVENUE DEPARTMENT USE ONLY**

APPLICATION:

PROCESSED

DOCUMENT NO.:

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SIGNATURE OF OFFICER

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DAY / MONTH / YEAR

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SIGNATURE OF SUPERVISOR

/		/	
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DAY / MONTH / YEAR

- 1. 

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- 2. 

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- 3. 

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- 4. 

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- 5. 

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- 6. 

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- 7. 

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- 8. 

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- 9. 

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- 10. 

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