

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

DISCLOSURE OF ERRORS FOR VALUE ADDED TAX (VAT)



ERR-002 v3

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.:	<input type="text"/>	TAX PERIOD:	<input type="text"/> MONTH / <input type="text"/> YEAR
NAME OF REGISTRANT:	<input type="text"/>		
WORK NO.:	<input type="text"/>	MOBILE NO.:	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>		

SECTION 2

Briefly state the full amount of the error(s) and explain how and why the error(s) arose. Continue on a separate sheet if necessary. Then complete the form lines on the reverse of the form.

Complete the form lines on the reverse of the form.

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 adjust or reassess the information provided for a period of up to six years and the individual/ company 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, The Perjury Act and The Value Added Tax Act, which will affect the past, current 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 a fine of thirty-thousand (\$ 30,000.00) dollars or imprisonment for a term of seven (7) years.

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

SECTION 4 - INLAND REVENUE DEPARTMENT USE ONLY

ASSESSMENT NO:	<input type="text"/>	DATE RECEIVED:	<input type="text"/> / <input type="text"/> / <input type="text"/>
			DAY / MONTH / YEAR
ENTERED BY:	<input type="text"/>	DATE REVIEWED:	<input type="text"/> / <input type="text"/> / <input type="text"/>
			DAY / MONTH / YEAR
VERIFIED BY:	<input type="text"/>	APPROVED BY:	<input type="text"/>

SECTION 2 - CONTINUED

LINE DESCRIPTION	SUBMITTED	REVISED
(100) Standard rated supplies (Sales) -VAT Inclusive	(100)	(100)
(105) Accommodation, Tour and/or Restaurant (Sales)	(105)	(105)
(106) Value of Supplies at 5% - VAT Inclusive (COVID-19 Relief)	(106)	(106)
(110) Zero rated supplies (Sales)	(110)	(110)
(115) Exempt supplies (Sales)	(115)	(115)
(120) Total Supplies (Add Lines 100+105+106+110+115)	(120)	(120)
(125) VAT payable on Standard Rated Supplies	(125)	(125)
(130) VAT on Accommodation, Tour /or Restaurant Supplies	(130)	(130)
(131) VAT Payable on Supplies at 5% (Line 106 x 5/105)	(131)	(131)
(135) VAT adjustments	(135)	(135)
(140) Value of Imported Services (Reverse Charge)	(140)	(140)
(145) VAT Payable on Imported Services (.17 x Line 140)	(145)	(145)
(150) Total Output Tax (Add Lines 125+130+131+135+145)	(150)	(150)
(200) Value of all imports and customs charges	(200)	(200)
(205) Value of all local purchases	(205)	(205)
(210) Total Imports and Local Purchases (Add Lines 200+205)	(210)	(210)
(215) VAT paid on imports	(215)	(215)
(220) VAT paid on local purchases	(220)	(220)
(225) VAT adjustments	(225)	(225)
(228) VAT Deductible on Imported Services (Reverse Charge)	(228)	(228)
(230) Total Input tax (Add Lines 215+220+225+228)	(230)	(230)
(300) Tax payable for this period	(300)	(300)
(305) Credit for this period	(305)	(305)
(310) Credit brought forward from previous period	(310)	(310)
(315) Total Credits (add line 305 + 310)	(315)	(315)
(320) Tax Due (If L300 is greater than L315, enter the difference)	(320)	(320)
(325) Credit to carry forward (where line 315 exceeds line 300)	(325)	(325)
(400) Penalty for Late Filing (\$100 per month or part thereof)	(400)	(400)
(405) Penalty for Late Payment (10% of line 320)	(405)	(405)
(410) Interest Due (1.25% per month late or part thereof)	(410)	(410)
(415) Total Penalties and Interest (Total Lines 400, 405 and 410)	(415)	(415)
(420) Total Tax, Penalties and Interest Due (Add Lines 320 and 415)	(420)	(420)