

# 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 2021.

### SECTION 1 - TAXPAYER IDENTIFICATION

VAT NO.:	<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"/>
REGISTERED NAME :	<input type="text"/>																		
TRADE NAME:	<input type="text"/>																		
BUSINESS ADDRESS:	<input type="text"/>																		
CITY / TOWN / VILLAGE:	<input type="text"/>																		
HOME PHONE:	<input type="text"/>	WORK :	<input type="text"/>	MOBILE :	<input type="text"/>														
DVRD DATE:	<input type="text"/>			<i>(Complete a form for EACH day)</i>															

### SECTION 2 - SALES REPORT DETAILS

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