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:

VAT Days: 25-NOVEMBER-2022 BY 02-DECEMBER-2022

16 / 17 DECEMBER-2022 BY 23-DECEMBER-2022

One report must be submitted for each VAT sales day in which you participate.

SECTION 1 - TAXPAYER	IDENTIFICAT	TION						
VAT NO.:								
REGISTERED NAME :	:							
TRADE NAME:	:							
BUSINESS ADDRESS:	:							
CITY / TOWN / VILLAGE:	:							
HOME PHONE:	:		WORK :		<u>-</u>		MOBILE :	
DVRD DATE:	:			(Complete	a forı	n for EAC	H VAT day)	
SECTION 2 - SALES REF	ORT DETAIL	S		•				
1 Standard F	Standard Rated Sales (VAT Inclusive)							
2 5% Reduce	2 5% Reduced Rate Sales (VAT Inclusive) 2							
3 Accommo	3 Accommodation and Restaurant 10% Sales (VAT Inclusive) 3							
4 Zero Rated	4 Zero Rated Sales						4	
5 Exempt Sa	Exempt Sales							
6 Total Sales	Total Sales (Add Lines 1+2+3+4+5)							
7 VAT Payab	VAT Payable on Standard Rated Sales (Line 1 x 17/117)						7	
8 VAT Payab	VAT Payable on 5% Rate Sales (Line 2 x 5/105)							
9 VAT Payab	VAT Payable on 10% Rate Sales (Line 3 x 10/110)							
10 Total Outp	Total Output Tax Payable (Add Lines 7+8+9)							
11 Total Num	11 Total Number of Vehicles Sold (If Applicable) 11							
12 Total Value of Vehicles Sold (If Applicable)							12	
SECTION 3 - DECLARAT	ION							
I declare that the information prand verify the information prerjury Act, 2005 of the law thirty-thousand (\$ 30,000.00	ovided. I unders provided. Please s of Saint Chris	stand that the S be aware that	aint Christo a person wh	oher and Ne o makes a f	vis Inl alse d	and Rever	nue Department res n commits an offenc	erves the right to review
FULL NAME:								
TITLE:								
				D	\TE.	DAY	/ _{MONTH}	VEAR

SIGNATURE