

# 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 the 5th of September 2023. One report must be submitted for each VAT sales day in which you participate.

### 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"/>	<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						