

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

DISCOUNTED VAT RATE DAY APPLICATION



VAT-004

Note: Completing and submitting this application means you intend to participate in 2023 VAT discount days on August 25th and 26th, 2023

Complete Sections 1, 2 and 3. Section 4 for official use only.

Applications must be returned to Inland Revenue Department on or before the 22nd of August 2023.

SECTION 1 - TAXPAYER IDENTIFICATION

VAT REGISTRATION 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"/>	
REGISTERED NAME:	<input type="text"/>									
TRADE NAME:	<input type="text"/>									
BUSINESS ADDRESS:	<input type="text"/>									
CITY / TOWN / VILLAGE:	<input type="text"/>				ISLAND:	<input type="text"/>				
HOME PHONE:	<input type="text"/>			WORK :	<input type="text"/>			MOBILE :	<input type="text"/>	
E-MAIL ADDRESS:	<input type="text"/>									

Please note: Taxpayers who have any outstanding liabilities with the Comptroller of Inland Revenue Department (IRD) or Customs Excise Department will not be eligible to participate in the Discounted VAT Day unless arrangements are made in advance to settle all outstanding liabilities.

SECTION 2 PLEASE CHECK THE APPROPRIATE BOX

	YES	NO
(1) Do you have any outstanding taxes, licenses or fees with the Inland Revenue Department ? (1)	<input type="checkbox"/>	<input type="checkbox"/>
(2) Do you have any pending Objections with the Inland Revenue Department ? (2)	<input type="checkbox"/>	<input type="checkbox"/>
(3) If Yes to No. 2, have you satisfied all conditions of this objection, including submitting payment of 50% of tax in dispute? (3)	<input type="checkbox"/>	<input type="checkbox"/>
(4) Do you have any outstanding taxes, licenses or fees with the Customs Excise Department? (4)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 - DECLARATION

I declare that the information given on this application form is, to the best of my knowledge, true, correct and complete, and that I have the authority to make this disclosure of the information provided.

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

SECTION 4 - FOR OFFICIAL USE

RECEIVED:	DAY	MONTH	YEAR	DOC. 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"/>
APPROVED:	<input type="checkbox"/>	NOT APPROVED:	<input type="checkbox"/>										
APPROVED /NOT APPROVED BY:	<input type="text"/>												
REASON NOT APPROVED:	<input type="text"/>												