

**SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT
DISCOUNTED VAT RATE DAY APPLICATION**

VAT-004



Note: Completing and submitting this application, means that you intend to participate in the VAT Discounted Day(s).

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

Applications must be returned to Inland Revenue Department before the stipulated deadline.

SECTION 1 - TAXPAYER IDENTIFICATION

VAT REGISTRATION NO.:

REGISTERED NAME:

TRADE NAME:

BUSINESS ADDRESS:

CITY / TOWN / VILLAGE: ISLAND:

HOME PHONE: WORK : MOBILE :

E-MAIL ADDRESS:

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:

DAY / MONTH / YEAR

SIGNATURE OF APPLICANT

SECTION 4 - FOR OFFICIAL USE

RECEIVED: DAY / MONTH / YEAR DOC. NO.:

APPROVED: NOT APPROVED:

APPROVED /NOT APPROVED BY:

REASON NOT APPROVED: