

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

VALUE ADDED TAX (VAT) INPUT TAX DECLARATATION

VAT-002C

REGISTERED NAME:

TRADE NAME:

DATE SUBMITTED:
DAY / MONTH / YEAR

TAXPAYER NO.:

PERIOD START:
DAY / MONTH / YEAR

PERIOD END:
DAY / MONTH / YEAR

INVOICE / CUSTOMS ENTRY DATE	INVOICE / CUSTOMS ENTRY NUMBER	SUPPLIER TAX ID NUMBER	SUPPLIER NAME	ITEM DESCRIPTION	VAT INCLUSIVE PRICE	VAT PAID
1				1		
2				2		
3				3		
4				4		
5				5		

TOTAL FROM OTHER SHEETS:

GRAND TOTAL:

SECTION 2

I declare that the information given of 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 adjust or reassess the information provided for a period of up to six years and the applicant/or their representatives will be held responsible for (i) understating, overstating or omitting data and (ii) the payment of any fees fines and penalties associated with their actions, as defined under the Tax Administration and Procedures Act and The Perjury Act, which will affect the fees and any subsequent tax related assessment. 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.

SIGNATORY FULL NAME:

SIGNATURE

DAY / MONTH / YEAR

SECTION 3 - INLAND REVENUE DEPARTMENT USE ONLY

PROCESSED BY:

PROCESSED BY SIGNATURE:

AMOUNT REFUNDED:

APPROVED BY:

APPROVED BY SIGNATURE:

DATE REFUNDED:
DAY / MONTH / YEAR