



TAXPAYER'S RECEIPT

ST. CHRISTOPHER AND NEVIS - Inland Revenue Department

| | |
|----------------|-----------|
| Document No. : | Due date: |
|----------------|-----------|

CSC-01 CARICOM SKILLS CERTIFICATE

| | | | | | |
|------------------|-------------|-------------------------------|------------------------------|---------------|------|
| Tax Account No.: | Tax Period: | Assessment Period date: To | For Official use | Payment Date: | |
| | | | Amount | DUE | PAID |
| | | | Tax | | |
| | | | Penalty | | |
| | | | Interest | | |
| | | | Total | | |
| | | | Signature of Revenue Officer | | |

PART 1 - TAXPAYER AND TAX IDENTIFICATION

| | |
|----------------|---------------|
| Document No. : | Date Issued : |
|----------------|---------------|

| | | | |
|------------------|-------------|-------------------------------|-----------|
| Tax Account No.: | Tax Period: | Assessment Period date: To | Due date: |
|------------------|-------------|-------------------------------|-----------|

PART 2 - TAX DECLARATION AND CALCULATION

CARICOM SKILLS CERTIFICATE

NOTE: Please submit this form and payment to Inland Revenue Department in ST. KITTS.

(10) CERTIFICATE FEE PAYABLE (10) _____

| | | | |
|---|------------------|---------------|------|
| I certify that the information on this return is correct, complete, and fully discloses my liability for the related tax. Signature: _____ Date: _____ Title: _____ | For Official use | Payment Date: | |
| | Amount | DUE | PAID |
| | Tax | | |
| | Penalty | | |
| | Interest | | |
| | Total | | |
| Signature of Revenue Officer | | | |