



St. Kitts and Nevis Inland Revenue Department

VAT Application for Registration

Form
VAT 001

1. IRD Taxpayer Identification Number (TIN)

2. First Name Middle Name Last Name Social Security Number

3. Company Name

6. Business Address

4. Company Social Security Number

5. Trade Name

7. Mailing Address

8. Telephone Number Enter Area code

9. Fax Number Enter Area code

10. Email Address

13. Primary Business Activity

11. Representative

14. Secondary Business Activity

12. Position

15. Gross sales of Primary Activity
 %

16. Gross sales of Secondary Activity
 %

17. Date taxable activity started

DD/MM/YYYY

18. Total value of taxable supplies (excluding capital goods)

19. Please tick the appropriate Business Entity:
 Sole trader Company Partnership Joint venture Other (please specify)

20. Please tick the appropriate box:

	Yes	No		Yes	No
Are you registered for another tax?	<input type="checkbox"/>	<input type="checkbox"/>	Do you provide Tour services?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect taxable supplies for the next 12 months to exceed \$ 150,000 or \$ 96,000 as applicable	<input type="checkbox"/>	<input type="checkbox"/>	Do you carry out taxable activities in more than one location? (If YES, please complete Form VAT 001b)	<input type="checkbox"/>	<input type="checkbox"/>
Is your turnover below the registration threshold but still wish to be registered?	<input type="checkbox"/>	<input type="checkbox"/>	Are your accounting records computerized? (If YES please specify) <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you supply accommodation in a hotel, inn, guest house or other similar establishment?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a major Exporter?	<input type="checkbox"/>	<input type="checkbox"/>
Do you operate a restaurant or similar establishment?	<input type="checkbox"/>	<input type="checkbox"/>	Are you an Importer?	<input type="checkbox"/>	<input type="checkbox"/>
			21. Zero-rated supplies, (%)	<input style="width: 100%; height: 20px;" type="text"/>	
			22. Exempt supplies, (%)	<input style="width: 100%; height: 20px;" type="text"/>	
			23. Exports (%)	<input style="width: 100%; height: 20px;" type="text"/>	

24. Registration details of the Sole Trader, Directors, Partners, Joint Ventures or members of a company

Taxpayer Identification Number

Taxpayer Identification Number

Full Name

Full Name

Home Address

Home Address

Telephone Number

Telephone Number

Email

Email

25 Bank Name

26 Bank Address

27 Bank Account Number

28 **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.

Full Name

Signature and date

DD/MM/YYYY

Title

For Inland Revenue use ONLY

VAT Registration No.

Date Application Received

Effective Date of Registration

Date Trained in VAT Basic

Date of Advisory Visit

Reference No.

Primary Industrial Code

Accepted

Rejected

New Taxpayer

 Yes No

Certificate No.

No. of Certificates required

Processed by

Verified by