

St. Kitts and Nevis
Inland Revenue Department

Discounted VAT Rate Day Sales Information

Please fill out the information below and submit this form to the Inland Revenue Department on or before December 30th 2013.

VAT Registration Number:	<input type="text"/>
Registered Name:	<input type="text"/>
Trade Name:	<input type="text"/>
Business Address:	<input type="text"/>
Contact Numbers:	<input type="text"/>
Discounted VAT Day Date:	<input type="text"/>

Standard Rated Sales (VAT Inclusive)	(1)	<input type="text"/>
5% Reduced Rate Sales (VAT Inclusive)	(2)	<input type="text"/>
Accommodation and Restaurant 10% Sales (VAT Inclusive)	(3)	<input type="text"/>
Zero Rated Sales	(4)	<input type="text"/>
Exempt Sales	(5)	<input type="text"/>
Total Sales (Add Lines 1+2+3+4+5)	(6)	<input type="text"/>
VAT Payable on Standard Rated Sales (Line 1 x 17/117)	(7)	<input type="text"/>
VAT Payable on 5% Rate Sales (Line 2 x 5/105)	(8)	<input type="text"/>
VAT Payable on 10% Rate Sales (Line 3 x 10/110)	(9)	<input type="text"/>
Total Output Tax Payable (Add Lines 7+8+9)	(10)	<input type="text"/>

Declaration

I certify that the information on this form is correct, complete, and fully discloses my liability for the related tax.

Name: _____	Signature	_____
Title: _____	Date	_____