



**St. Kitts and Nevis**  
Inland Revenue Department  
**Value Added Tax**  
**SCHEDULE OF PURCHASES**

Mission/Agency Name: \_\_\_\_\_

Mission/Agency TIN: \_\_\_\_\_

Tax Period: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

	Date Purchased	Invoice/Customs Entry #	Supplier TIN	Supplier Name	Item Description	VAT Inclusive Price	VAT Paid
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
TOTAL						\$	\$