



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							
<i>Totals brought forward from subsequent worksheets</i>						\$	\$
TOTAL						\$	\$

Full Name: _____

Signature: _____

Title: _____

For Official Use **ONLY**

Processed By: _____	Refund Amount: _____
Approved By: _____	Date Refunded: _____