



TAXPAYER'S RECEIPT

ST. CHRISTOPHER AND NEVIS - Inland Revenue Department

Document No. :

Due date:

UBT-01 UNINCORPORATED BUSINESS TAX

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:
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PART 2 - TAX DECLARATION AND CALCULATION

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

This form, together with a Remittance for the Total Tax due, should be sent to the Inland Revenue Department within fifteen days after the end of each calendar month.

Failure to submit this return on time will result in applicable interest and penalties being charged.

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|--------|--|--------|-------|
| (10) | Gross Revenue from sale of goods | (10) | _____ |
| (11) | Exemption Amount (Goods) | (11) | _____ |
| (12) | Taxable Total from sale of Goods (line 10 - line 11) | (12) | _____ |
| (20) | Gross Revenue from Services Rendered | (20) | _____ |
| (21) | Exemption Amount (Services) | (21) | _____ |
| (22) | Taxable Total from services (line 20 - line 21) | (22) | _____ |
| (30) | Gross Taxable Revenue (line 12 + line 22) | (30) | _____ |
| (40) | Total Tax Due (line 30 * 4%) | (40) | _____ |



UBT-01

UNINCORPORATED BUSINESS TAX

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			