

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT



S-10

STAMP DUTY (S-10): REVENUE RECEIPT VOUCHER

Note: Where applicable, complete the names, addresses, nationality and property information. Failure to complete applicable sections can cause a delay in the processing of your document(s). If there are multiple vendors or purchasers, please complete the Stamp Duty Supplemental form (S10/S) to provide the additional information.

TYPE OF DOCUMENT:

LAW FIRM /INSTITUTION:

RELATING TO: LAND LAND AND BUILDING CONDOMINIUM OTHER

OTHER DETAIL:

SECTION 1 - VENDOR / FROM

LAST NAME: FIRST NAME:

MIDDLE NAME(S):

DATE OF BIRTH: DD / MMM / YYYY

COMPANY NAME:

ADDRESS:

CITY / TOWN / VILLAGE: STATE:

COUNTRY: CODE:

HOME PHONE: WORK PHONE: MOBILE PHONE:

E-MAIL ADDRESS:

NATIONALITY: SOCIAL SECURITY NO. (SKN):

TYPE OF IDENTIFICATION: ID NO.:

SECTION 2 - PURCHASER / TO

LAST NAME: FIRST NAME:

MIDDLE NAME(S):

DATE OF BIRTH: DD / MM / YYYY

COMPANY NAME:

ADDRESS:

CITY / TOWN / VILLAGE: STATE:

COUNTRY: CODE:

HOME PHONE: WORK PHONE: MOBILE PHONE:

E-MAIL ADDRESS:

NATIONALITY: SOCIAL SECURITY NO. (SKN):

TYPE OF IDENTIFICATION: ID NO.:

SECTION 3 - REAL PROPERTY IDENTIFICATION

LOT NO.: LAND SIZE:

REGISTER/ VOL.: FOLIO:

PROPERTY ADDRESS:

CITY / TOWN / VILLAGE:

ISLAND: ST. CHRISTOPHER NEVIS

SECTION 4 - PARTICULARS OF DOCUMENT / TRANSACTION

VEHICLE

PLATE NO:

COLOURS:

MANUFACTURER :

CHASSIS NO:

MODEL:

ENGINE NO:

SECTION 5 - STAMP DUTY

CONSIDERATION:

| ITEM | DUTIES/FEEES IN E.C. CURRENCY |
|-------------------|-------------------------------|
| STAMP DUTY: | <input type="text"/> |
| REGISTRATION FEE: | <input type="text"/> |
| ASSURANCE FUND: | <input type="text"/> |
| OTHER: | <input type="text"/> |
| TOTAL: | <input type="text"/> |

SECTION 6 - DECLARATION

I declare that the information given on this form is to the best of my knowledge and belief true and correct and that I have the authority to disclose the information provided. I understand that the Saint Christopher and Nevis Inland Revenue Department reserves the right to review and adjust or reassess the information provided for a period of up to six years and the vendor and/or purchaser and/or their representatives will be held responsible for (i) understating, overstating or omitting data and (ii) the payment of any fees fines and penalties associated with their actions, as defined under the Tax Administration and Procedures Act, The Perjury Act and The Stamp Duty Act, which will affect the stamp duty and any subsequent tax related assessment. Please be aware that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to a fine of thirty-thousand (\$ 30,000.00) dollars or imprisonment for a term of seven (7) years.

VENDOR

REPRESENTATIVE

SIGNATORY FULL NAME:

SIGNATURE

DATE: / /

SECTION 7 - INLAND REVENUE DEPARTMENT USE ONLY

IROD:

DOC. NO.:

PROPERTY ID:

CADAS. NO.:

VENDOR TP NO.:

PURCHASER TP NO.:

OFFICER NAME:

SIGNATURE:

IRD VALUE:

DATE: / /

RECEIPT NO:

DATE: / /