

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT



ERR-001

DISCLOSURE OF ERRORS

Note: Where applicable, enter complete names, addresses, and assessment information. Failure to complete applicable sections can cause delays in processing of your document.

SECTION 1 - TAXPAYER IDENTIFICATION

TAXPAYER NO.:	<input type="text"/>	SOCIAL SECURITY NO.:	<input type="text"/>
LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
MIDDLE NAMES:	<input type="text"/>		
OR			
COMPANY NAME:	<input type="text"/>		
MAILING ADDRESS:	<input type="text"/>		
CITY / TOWN / VILLAGE:	<input type="text"/>	STATE:	<input type="text"/>
COUNTRY:	<input type="text"/>	CODE:	<input type="text"/>
HOME PHONE:	<input type="text"/>	WORK :	<input type="text"/>
		MOBILE :	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>		

SECTION 2 - ERROR DETAILS

TYPE OF TAX:	<input type="checkbox"/>	INCOME TAX (CORPORATION)	<input type="checkbox"/>	WITHHOLDING TAX
	<input type="checkbox"/>	UNINCORPORATED BUSINESS TAX	<input type="checkbox"/>	INSURANCE REGISTRATION/PREMIUM FEES
	<input type="checkbox"/>	OTHER: <input type="text"/>		
ASSESSMENT PERIOD:	<input type="text"/>	DOCUMENT NO.:	<input type="text"/>	
COMMENTS		DOCUMENT DATE:	<input type="text"/>	

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____
- 6: _____
- 7: _____

SECTION 3 - RESUBMISSION DETAILS

LINE NO.	LINE DESCRIPTION	AMOUNT SUBMITTED	AMOUNT REVISED

SECTION 4 - 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. The taxpayer 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 any other tax law specific to the tax submission to which this form amends, which will affect this 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 imprisonment for a term of seven (7) years or to a fine of thirty-thousand (\$ 30,000.00) dollars.

SIGNATORY
FULL NAME:

TITLE IF
INCORPORATED

SIGNATURE OF PERSON AMENDING OR REPRESENTATIVE

DAY / MONTH / YEAR

SECTION 5 - INLAND REVENUE DEPARTMENT USE ONLY

DOCUMENT NO:

DATE RECEIVED:

DAY / MONTH / YEAR

DATE REVIEWED:

DAY / MONTH / YEAR

VERIFIED BY:

APPROVED BY: