



ST. VINCENT AND THE GRENADINES
INLAND REVENUE DEPARTMENT

**VALUE ADDED TAX (VAT)
APPLICATION FOR REFUND**
(for Use By Registered Persons)

1. Name of Taxpayer _____ _____	2. Trade Name _____ _____
3. Address (of business) _____ _____ _____	4. Mailing Address _____ _____
5. Telephone Number _____	6. Fax Number _____
7. Email Address _____	8. Tax Identification Number _____
9. Amount of Refund Claimed _____	10. Period in which excess input tax occurred _____

DECLARATION

I _____ hereby declare that the information given on this application form is true, correct and complete and that no application for refund in respect of this tax period has been previously submitted

Signature

Title

Date

_____ D M Y

IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION

FOR INLAND REVENUE DEPARTMENT USE ONLY

Application Received

Accepted

Rejected

Selected for audit

Document number

Reason for Rejection

Application approved by (Please sign here)

Processed by (Please sign)

Refund cheque issued

Cheque number

NOTES

1. For registered taxpayers, claims under EC\$100 will not be refunded, but carried forward to the next succeeding Tax Period as an Input Tax deduction.

2. To expedite the processing of your refund it is necessary to submit this form to the Comptroller of the IRD along with the VAT return for the tax period for which the refund was sought.