

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

OBJ-001

NOTICE OF OBJECTION



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

SECTION 1 - TAXPAYER IDENTIFICATION

TAXPAYER NO.: SOCIAL SECURITY NO.:

LAST NAME: FIRST NAME:

MIDDLE NAMES:

OR

COMPANY NAME:

MAILING ADDRESS:

CITY / TOWN / VILLAGE: STATE:

COUNTRY: CODE:

HOME PHONE: WORK : MOBILE :

E-MAIL ADDRESS:

NATIONALITY:

SECTION 2 - ASSESSMENT DETAILS

Check the box relevant to the tax for which you are objecting.

TYPE OF TAX: INCOME TAX (CORPORATION) WITHHOLDING TAX
 UNINCORPORATED BUSINESS TAX INSURANCE REGISTRATION/PREMIUM FEES
 OTHER:

Check the box indicating the nature of your dispute.

NATURE OF DISPUTE: INCOME DEDUCTION
 TAX PENALTY
 INTEREST
 OTHER:

ASSESSMENT PERIOD: ASSESSMENT NO.:

AMOUNT IN DISPUTE: ASSESSMENT DATE:

