

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

ESA-001

E-SERVICES APPLICATION



SECTION 1 - TAXPAYER IDENTIFICATION

TAXPAYER NO.: SOCIAL SECURITY NO.:

BUSINESS TYPE: SOLE PROPRIETOR.: CORPORATION.:

LAST NAME: FIRST NAME:
if not incorporated

MIDDLE NAMES:

OR

COMPANY NAME:
if incorporated

TRADING AS:

SECTION 2 - CONTACT INFORMATION

CONTACT INDIVIDUAL:

MAILING ADDRESS:

CITY / TOWN / VILLAGE: STATE:

COUNTRY: CODE:

WORK : MOBILE : FAX:

E-MAIL ADDRESS:

NOTE

In accordance with Part 3 subsection 10 and Part VI subsections 47 and 48 of the Tax Administration and Procedures Act 2003, you are hereby required to submit your tax returns online and pay your taxes using one of the Inland Revenue Departments electronic payment options.

SECTION 3 - 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. 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.

SIGNATORY FULL NAME:

SIGNATURE OF TAXPAYER / REPRESENTATIVE

DAY / MONTH / YEAR

OFFICIAL USE ONLY

IDENTIFICATION PRESENTED:	<input type="text"/>	NUMBER:	<input type="text"/>
IDENTIFICATION PRESENTED:	<input type="text"/>	NUMBER:	<input type="text"/>
OFFICER:	<input type="text"/>		

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

IDENTIFICATION VERIFIED BY:	<input type="text"/>	DAY	/	MONTH	/	YEAR
APPLICATION PROCESSED BY:	<input type="text"/>	DAY	/	MONTH	/	YEAR
ACCESS CREDENTIALS: ASSIGNED BY:	<input type="text"/>	DAY	/	MONTH	/	YEAR
USER ACCESS VERIFIED BY:	<input type="text"/>	DAY	/	MONTH	/	YEAR

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