

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT



RLP-001

APPLICATION: REQUEST TO PAY AFTER DUE DATE

Note: Complete sections 1, 2 and 3 only, sign and date in the area provided in section 3. This form is for late payment only. You are still required to file on or before the due date to avoid interest and penalties.

SECTION 1

TAXPAYER NO.:

LAST NAME: FIRST NAME:

MIDDLE NAMES:

COMPANY NAME:

HOME PHONE: WORK : MOBILE :

E-MAIL ADDRESS:

SECTION 2

TAX ACCOUNT NO.:

TAX TYPE:

TAX PERIOD:
MONTH / YEAR

REQUEST TO PAY BY:
DAY / MONTH / YEAR

REASONS FOR LATE PAYMENT REQUEST:

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

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. 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 and The Perjury Act, which will affect 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.

SIGNATORY
FULL NAME:

SIGNATURE OF TAXPAYER OR REPRESENTATIVE

DAY / MONTH / YEAR

SECTION 4 - INLAND REVENUE DEPARTMENT USE ONLY

REQUEST:

GRANTED

DENIED

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

OFFICER:

SIGNATURE

DAY / MONTH / YEAR