

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

S-10

STAMP DUTY (S-10): REVENUE RECEIPT VOUCHER



Note: Please read the instructions. Where applicable, complete the names, addresses, nationality and property information. Failure to complete applicable sections can cause a delay in the processing of your document(s). If there are multiple vendors or purchasers, please complete the Stamp Duty Supplemental form (S-10/S) to provide the additional information.

TYPE OF DOCUMENT: _____

LAW FIRM /INSTITUTION: _____

RELATING TO: LAND LAND AND BUILDING CONDOMINIUM OTHER

OTHER DETAIL: _____

SECTION 1 - VENDOR / FROM

LAST NAME: _____ **FIRST NAME:** _____

MIDDLE NAME(S): _____

DATE OF BIRTH: _____ DD / MMM / YYYY

COMPANY NAME: _____ **REG. NO.:** _____

HOME STREET ADDRESS: _____

CITY / TOWN / VILLAGE: _____ **STATE:** _____

COUNTRY: _____ **CODE:** _____

HOME PHONE: _____ **MOBILE PHONE:** _____ **WORK PHONE:** _____

MAILING STREET ADDRESS: _____

CITY / TOWN / VILLAGE: _____ **STATE:** _____

COUNTRY: _____ **CODE:** _____

E-MAIL ADDRESS: _____

NATIONAL OF: _____ **SOCIAL SECURITY NO. (SKN):** _____

TYPE OF IDENTIFICATION: _____ **EXPIRES:** _____ **ID NO.:** _____

TYPE OF IDENTIFICATION: _____ **EXPIRES:** _____ **ID NO.:** _____

SECTION 2 - PURCHASER / TO

LAST NAME: _____ **FIRST NAME:** _____

MIDDLE NAME(S): _____

DATE OF BIRTH: _____ DD / MMM / YYYY

COMPANY NAME: _____ **REGISTRATION NO.:** _____

HOME ADDRESS: _____

CITY / TOWN / VILLAGE: _____ **STATE:** _____

COUNTRY: _____ **MAIL CODE:** _____

HOME PHONE: _____ **MOBILE PHONE:** _____ **WORK PHONE:** _____

MAILING ADDRESS: _____

CITY / TOWN / VILLAGE: _____ **STATE:** _____

COUNTRY: _____ **MAIL CODE:** _____

E-MAIL ADDRESS: _____

NATIONALITY: _____ **SOCIAL SECURITY NO. (SKN):** _____

TYPE OF IDENTIFICATION: _____ **EXPIRES:** _____ **ID NO.:** _____

TYPE OF IDENTIFICATION: _____ **EXPIRES:** _____ **ID NO.:** _____

SECTION 3 - REAL PROPERTY IDENTIFICATION

LOT NO.: _____ **LAND SIZE (AREA):** _____

REGISTER/ VOL.: _____ **FOLIO:** _____

PROPERTY ADDRESS: _____

CITY / TOWN / VILLAGE: _____

ISLAND: ST . CHRISTOPHER NEVIS

SECTION 4 - PARTICULARS OF DOCUMENT / TRANSACTION

VEHICLE

PLATE NO: COLOURS:

MANUFACTURER : CHASSIS NO:

MODEL: ENGINE NO:

SECTION 5 - STAMP DUTY CALCULATION

CUSTOMER SUBMITTED VALUES	INLAND REVENUE DEPARTMENT USE ONLY
MARKET VALUE: <input type="text"/> \$ ECD	MARKET VALUE: <input type="text"/> \$ ECD
CONSIDERATION: <input type="text"/> \$ ECD	CONSIDERATION: <input type="text"/> \$ ECD
STAMP DUTY: <input type="text"/> \$ ECD	STAMP DUTY: <input type="text"/> \$ ECD
REGISTRATION FEE: <input type="text"/> \$ ECD	REGISTRATION FEE: <input type="text"/> \$ ECD
ASSURANCE FUND: <input type="text"/> \$ ECD	ASSURANCE FUND: <input type="text"/> \$ ECD
OTHER: <input type="text"/> \$ ECD	OTHER: <input type="text"/> \$ ECD
TOTAL DUE: <input type="text"/> \$ ECD	TOTAL DUE: <input type="text"/> \$ ECD

SECTION 6 - 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, The Perjury Act and The Stamps Act, which will affect the stamp duty 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, Chapter 4.23 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.

VENDOR VENDOR's REPRESENTATIVE

SIGNATORY FULL NAME:

SIGNATURE

DATE: / /

DAY MONTH YEAR

PURCHASER PURCHASER's REPRESENTATIVE

SIGNATORY FULL NAME:

SIGNATURE

DATE: / /

DAY MONTH YEAR

SECTION 7 - INLAND REVENUE DEPARTMENT USE ONLY

PROPERTY ID: CADAS. NO.:

VENDOR TP NO.: PURCHASER TP NO.:

OFFICER NAME: <input type="text"/>	SIGNATURE: <input type="text"/>	DATE: <input type="text"/>
OFFICER NAME: <input type="text"/>	SIGNATURE: <input type="text"/>	DATE: <input type="text"/>
OFFICER NAME: <input type="text"/>	SIGNATURE: <input type="text"/>	DATE: <input type="text"/>

PAYMENT REF. NO: DATE: / /

DAY MONTH YEAR