



**ANTIGUA AND BARBUDA
INLAND REVENUE DEPARTMENT**

**ANTIGUA AND BARBUDA SALES TAX
APPLICATION FOR REFUND
(for Use By Registered Persons)**

1. Name of Taxpayer <input type="text"/>	2. Trade Name <input type="text"/>
3. Address (of business) <input type="text"/> <input type="text"/> <input type="text"/>	4. Mailing Address <input type="text"/> <input type="text"/> <input type="text"/>
5. Telephone Number <input type="text"/>	6. Fax Number <input type="text"/>
7. Email Address <input type="text"/>	8. Taxpayer Identification Number <input type="text"/>
9. Amount of Refund Claimed <input type="text"/>	10. Period in which excess input tax occurred <input type="text"/>

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, Customs Declaration, or Receipt has been previously submitted

Signature

Title

Date

Day Month Year

IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION

FOR INLAND REVENUE DEPARTMENT USE ONLY

Application Received

Day Month Year

Accepted

Rejected

Selected for Audit

Document Number

Reason for rejection

Application approved by (please sign)

Processed by (please sign)

Refund Cheque Issued

Day Month Year

Cheque Number

NOTES

1. Claims under EC\$100 will not be refunded, but carried forward to the next succeeding Tax Period as an Input Tax deduction.
2. To speed your refund processing, it is recommended to submit this form to the Commissioner of the Inland Revenue Department along with ABST Return for the Tax Period in which your claim is being made.