

## GRENADA INLAND REVENUE DIVISION

## VALUE ADDED TAX NOTICE OF CLAIM FOR REFUND

(Please Print)

Name of Taxpayer		2. Tra	de Name	]	
3. Address (of business)		4 Mai	iling Address		
S. Address (of business)		4. Mai	ming radicss		
5. Telephone Number		6. Fax	Number		
7. Email Address		8. Tax	ID Number		
9. Amount of Refund Claimed		10. Ta	x Period(s) (to which refund relates)		
		10. 10.	x refloc(s) (to which refund relates)		
<u>CERTIFICATE</u>					
I hereby certify 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	teruna in respect or	uns Tax Teriod, Co			
Signature			Title Date		
				Day Month Year	
IT IS A SERIOUS OFFENCE TO MAKE A FALSE DECLARATION					
FOR INLAND REVENUE USE ONLY					
Application Received Accepted	I Rejected	Selected for Audit	Document Number		
Day Month Year					
Reason for rejection					
Application approved by (please sign)	Pr	ocessed by (please sign)	Refund Cheque Issued C	heque Number	
			Day Month Year		

## **NOTES**

- 1. For registered taxpayers, claims under EC\$250 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 Comptroller of Inland Revenue along with the V.A.T. Return for the Tax Period.