



**ANTIGUA AND BARBUDA
INLAND REVENUE DEPARTMENT**

**ANTIGUA AND BARBUDA SALES TAX
HOMEBUILDER REFUND APPLICATION**

Name of applicant (If corporation include IRD Registration Number)		Month of claim	
<input type="text" value="Jake Charles"/>		<input type="text" value="October 2019"/>	
Telephone Number(s)		Parcel No	
<input type="text" value="781-1490"/>		<input type="text" value="89 621-654F"/>	
Fax Numbers		Address for correspondence	
<input type="text" value="480-7070"/>		<input type="text" value="Nut Grove"/>	
Email address			
<input type="text" value="solo@gmail.com"/>			
Total Value of Materials		ABST Claimed	
<input type="text" value="1,900"/> <input type="text" value="50"/>		<input type="text" value="500"/> <input type="text" value="00"/>	

DECLARATION

- I attach the original invoices covering this claim as listed on the schedule, and for a first claim I attach the plans and DCA approval.
- I declare that the materials claimed in this application have been/will be incorporated into the new house being constructed by me on land owned by me.
- I declare that I am not using the services of contractors in the construction of my home.
- I declare that I am using the services of the following contractors in the construction of my home.

Name of contractor

ABST TIN

Continue on separate sheet if necessary.

Name

Position (e.g. homeowner director etc)

Signature

FOR INLAND REVENUE DEPARTMENT USE ONLY

Received

Approved by

Position

Cheque Issued

Site Visit Made

Amount Approved

Cheque Number

Form ABST007