



ANTIGUA AND BARBUDA
INLAND REVENUE DEPARTMENT
ANTIGUA AND BARBUDA SALES TAX
HOMEBUILDER REFUND APPLICATION

Name of applicant (If corporation include IRD Registration Number) Telephone Number(s) Parcel No Month of claim
 Telephone Number(s) Parcel No Month of claim
Fax Numbers Address for correspondence
 Fax Numbers Address for correspondence
Email address
Total Value of Materials ABST Claimed
 Total Value of Materials ABST Claimed

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