



**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 style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Telephone Number(s)		Parcel No	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Fax Numbers		Address for correspondence	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Email address		<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Total Value of Materials		ABST Claimed	
<input style="width: 50%;" type="text"/>		<input style="width: 50%;" type="text"/>	

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

<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>

Continue on separate sheet if necessary.

Name

Position (e.g. homeowner director etc)

Signature

FOR INLAND REVENUE DEPARTMENT USE ONLY

Received

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Approved by

Position

Cheque Issued

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Site Visit Made

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount Approved

Cheque Number