



TAXPAYER'S RECEIPT

ANTIGUA & BARBUDA - Inland Revenue Department

Tax Centre: ST. JOHNS

Document No. :

Due date:

R02 UBT Registration Certificate

Tax Account No.:	Tax Period:	Assessment Period date:	For Official use		Payment Date:
			Amount	DUE	PAID
FOR:			Tax		
			Penalty		
			Interest		
			Total		
			Revenue Officer for Commissioner		

PART 1 - TAXPAYER AND TAX IDENTIFICATION

FOR:

Tax Account No.:	Document No. :	Filing number:	Tax Period:
Assessment Period date: To		Date Issued :	Due Date:

PART 2 - TAX DECLARATION AND CALCULATION

In accordance with Part IV, Section 7 of the Unincorporated Business Tax Act 2016 of Antigua and Barbuda, I now make payment of the Annual Registration Fee for the taxation period indicated above. This form should be submitted to the IRD on or before close of business by the due date.

(5) Registration Fee amount to be paid (5) _____

I certify that the information provided on this return and any documents attached are correct, complete and fully discloses all income of the related tax to the best of my knowledge. It is a serious offence to submit a false return.

Name: _____ Signature: _____ Date: _____
(Please Print Name)

Title: _____ Address: _____ Phone: _____
(If form is completed by someone other than taxpayer)