ST. MAARTEN
PROFIT TAX
TAX RETURN FORM

Caution: Also fill in the reverse side.

Date of receipt: ____________________________

The amount of Profit Tax must be made payable to the Receivers Office

Ultimate date for declaration and payment

31 March 2019

1. Which was the last year you handed in a Final Tax Return on profit tax?

2. What was the amount of tax owed on the tax return form which was mentioned under question 1?

   NAF ___ /- ___

3. What is the estimated amount due on profit tax over the past year / bookyear?

   NAF ___

Place/Date: ____________________________

Enclosures: ____________________________

Signature owner / managing director / endorse: ____________________________

Name: ____________________________

Telephone number: ____________________________

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Do not enclose this stub

PAYMENT FORM
see reverse side for instructions

Payment identification

Transfer/deposit: ____________________________

Sort/Year: ____________________________

Amount: ____________________________

Paid to: Receivers Office

By: CRIB-number

Name: ____________________________

To the account of

Receivers Office Sint Maarten

Signature

CRIB-number
**TAX RETURN FORM FOR THE PAYMENT OF PROFIT TAX**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the end of your fiscal year ?</td>
<td>Date:</td>
</tr>
<tr>
<td>Mention the line of business of your company.</td>
<td>Line of business:</td>
</tr>
<tr>
<td>Do you have a fax?</td>
<td>No</td>
</tr>
<tr>
<td>When signed by endorsee, state name, address and telephone number:</td>
<td>Name endorsee:</td>
</tr>
<tr>
<td></td>
<td>Street:</td>
</tr>
<tr>
<td></td>
<td>Phone number:</td>
</tr>
<tr>
<td></td>
<td>Area/Country:</td>
</tr>
</tbody>
</table>

**Note:** Fill in the following data only if the data at the front is incorrect.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>State the name as is stated in the deed of incorporation of the company, foundation or of the legally acquired entity:</td>
<td>Name in the deed of corporation:</td>
</tr>
<tr>
<td>State the &quot;Doing Business As&quot; name of the company, association, foundation or of the legally acquired entity:</td>
<td>DBA name:</td>
</tr>
<tr>
<td>State the address of establishment:</td>
<td>Street:</td>
</tr>
<tr>
<td></td>
<td>number:</td>
</tr>
<tr>
<td></td>
<td>Area/Country:</td>
</tr>
<tr>
<td>When the mailing address is not your business address, state your mailing address:</td>
<td>Street:</td>
</tr>
<tr>
<td></td>
<td>number:</td>
</tr>
<tr>
<td></td>
<td>Area/Country:</td>
</tr>
</tbody>
</table>

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**Dit formulier dient u bij uw betaling aan het loket mee te brengen of aan uw bank te geven.**

**Gebruiksaanwijzing**
Met dit biljet kunt u overschrijven of kantong betalen.

**Overschrijving via Bank**

**Kontante betaling aan het loket**
Bij banken en bij het kantoor van de Ontvanger Sint Maarten kunt u betalen. Vul zonodig het bedrag, uw naam en volledig adres in. U biedt het formulier aan met de strook. Na betaling ontvangt u de strook terug als 'bewijs van storting'.

**Bankrekeningnummers van de Ontvanger Sint Maarten**
**Naf.**
W.I.B. 324.800-03

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**This form must be presented to our cashiers at the window or at your bank.**

**Instructions for use**
With this form payment can be made via your bank or in cash

**Transfer via bank**
Please fill in the amount due, account number and sign it. If necessary fill in your name and complete address. Send this form to your bank. You may keep the stub.

**Cash payments**
You can pay cash at the banks or at the Receivers Office Sint Maarten. If necessary, fill in your name and complete address. Present this form together with the stub when making payments. The stub will be returned to you as proof of payment.

**Bank account numbers of the Receivers Office Sint Maarten**
**Naf.**
W.I.B. 324.800-03