



Tax Administration
Belastingdienst

RECEIVER

*Soualiga Road #6, Philipsburg, St. Maarten
Tel: 1-721-542-2083/542-2143*

Application form for Income-, Wage-, and Profit tax reimbursement

Last name _____

First name _____

Address _____

ID nr. _____

Copy of ID card

Crib nr. _____

Assessment amount _____

Name of the bank (St. Maarten) _____

Bank Account # (St. Maarten) _____

Copy of Current Bank Statement

Bank Account (Foreign country) _____

Telephone or Cellular nr. _____

Tel nr. Of Authorized person _____

E-mail address _____

Signature applicant _____

Date _____

Signature Receiver staff _____

* Transfer charges are for the account of the applicant

**Please attach the below mentioned documents:*

-Copy of Applicants passport or identification card

- Proof of Bank Account: **Full name & Account number must be visible** (e.g. Bank Statement, pay slip, Blank Void Check, Copy of Bank Book or a Screen shot of the Online Banking)

Email: Receivers.Admin@sintmaartengov.org