



**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 2021**

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

NAF

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  No  
 Yes, number \_\_\_\_\_

Signature owner / managing director / endorsee \_\_\_\_\_  
Name \_\_\_\_\_

Telephone number: \_\_\_\_\_

Do not enclose this stub

**PAYMENT FORM**

see reverse side for instructions

Payment identification

Transfer/deposit  
 gld  ct

Payment identification

Sort/Year

From bank account number

Sort/Year

Amount

From/by

CRIB-number

Paid to: Receivers Office  
By: CRIB-number

To the account of

Signature

Name:

Receivers Office Sint Maarten



**TAX RETURN FORM FOR THE PAYMENT OF  
PROFIT TAX**

What is the end of your fiscal year ? \_\_\_\_\_ Date : \_\_\_\_\_

Mention the line of business of your company. \_\_\_\_\_ Line of business : \_\_\_\_\_

Do you have a fax?  No  
 Yes, number : \_\_\_\_\_

When signed by endorsee,  
state name, address and telephone number: \_\_\_\_\_ Name endorsee : \_\_\_\_\_

Street : \_\_\_\_\_ number : \_\_\_\_\_

Area/Country: \_\_\_\_\_

Telephone number : \_\_\_\_\_

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

State the name as is stated in the deed of incorporation of the company, association, foundation or of the legally acquired entity: \_\_\_\_\_ Name in the deed of corporation : \_\_\_\_\_

State the "Doing Business As" name of the company, association, foundation or of the legally acquired entity : \_\_\_\_\_ DBA name : \_\_\_\_\_

State the address of establishment: \_\_\_\_\_ Street: \_\_\_\_\_ number: \_\_\_\_\_

Area/Country: \_\_\_\_\_

When the mailing address is not your business address, state your mailing address : \_\_\_\_\_ Street: \_\_\_\_\_ number : \_\_\_\_\_

Area/Country: \_\_\_\_\_

**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 kontant betalen.

Overschrijving via Bank

Onderteken het formulier en vul uw bankrekeningnummer in. Vul zonodig het bedrag, uw naam en volledig adres in en stuur het formulier naar uw bank. De strook behoudt u.

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 een 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

**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