



TAXPAYER'S RECEIPT

ANTIGUA & BARBUDA - Inland Revenue Department

Tax Centre:

Document No. :

Due date:

ET01 Entertainment

Tax Account No.: Tax Period: Assessment Period date:

For Official use Payment Date:

Amount DUE PAID

Tax

Penalty

Interest

Total

Revenue Officer for Commissioner

PART 1 - TAXPAYER AND TAX IDENTIFICATION

Tax Account No.:

Document No. :

Filing number:

Tax Period:

Assessment Period date:

Date Issued :

Due Date:

PART 2 - TAX DECLARATION AND CALCULATION

In accordance with CAP 154 of the Laws of Antigua and Barbuda, I now make payment of Entertainment tax for the period indicated.

A person who fails to pay the Entertainment Tax that is due for a tax period, by the due date, is liable to a Late Payment Penalty of 10% of the amount of Entertainment Tax due but not paid (Section 77 of TAPA 2018) As of January 1, 2019.

Interest will be charged at a rate of 1% per month or part thereof for the period during which it remains unpaid (Section 54 of TAPA 2018) As of January 1, 2019.

A person who fails to file an Entertainment Tax Return by the due date is liable for a Late Filing Penalty equal to the greater of \$500.00 or 5% of the Entertainment Tax payable for the period to which the return relates (Section 72 of TAPA 2018) As of January 1, 2019.

This form should be submitted to the IRD on or before close of business by the due date.

- (1) Total Ticket Revenue (From Lottery) (1)
(2) Tax Liability - Lottery (2)
(3) Ticket Revenue - All-inclusive (Appx I Colm B L4) (3)
(4) Ticket Revenue - Non-inclusive (Appx I Colm C L4) (4)
(5) Total Ticket Revenue (L3 + L4) (5)
(6) Tax Liability - Event (L3X2%)+(L4X4%) (6)
(7) Total Entertainment Tax Payable (Enter L2 - Lottery or L6 - Event) (7)
(8) Amount Paid on filing (8)
(9) Balance Owing (L8-L9) (9)

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)