



# GOVERNMENT of ANTIGUA and BARBUDA

## Application for Tax Exemption

**NAME:** .....  
(name of individual/church/organization etc.)

**ADDRESS:** .....  
.....

**Telephone:** .....

**NATURE OF REQUEST** (please tick One (1) of the following)

- Government employee (applicant should be entitled to or be receiving a Travelling Allowance)
- Personal (medical purposes and/or discretionary)
- Church (reputable or be recognised by the United Evangelical Association; District Conference or Council)
- Non-Profit Organisation (discretionary)

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## **SECTION A**

Tax exemption requested to purchase/import (please tick below):-

- motor vehicle** – (specify type and how many) .....
- equipment**       **appliances**       **machinery**       **tools**
- fixtures**       **fittings**       **furniture**       **furnishings**
- electrical**       **plumbing**       **building materials**
- Other** .....
- .....
- .....

(items requested should be provided on a separate sheet of paper with cost and quantities)

## **SECTION B**

Please provide details as to previous tax exemptions granted  
(if you or your organization/church was never granted tax exemption towards the  
purchase/importation of items, please indicate):-

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## **SECTION C**

Reason tax exemption is requested:-

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**Please take note of the following:-**

Medical Purposes	-	Doctor's certification (with office stamp) should accompany application stating medical condition;
Travelling Officers	-	Recommendation and/or certification of employment status from head of department preferably permanent secretary stamped with the ministry's/department office stamp, should accompany application;
Church	-	Application should be stamped with the Church Stamp and or Seal. If the church is not a reputable body/organization and governed by a Board but is an independent body, then the applicant should provide a letter of certification from the United Evangelical Association/Conference/Council etc.

**SECTION D**

**Please provide values for which tax exemption is/are requested:-**

- i. Cost Price of item/s .....  
*(if more than One (1) items are requested, please provide a detailed/itemised list with cost and quantities on a separate sheet of paper and indicate total amount here)*
  
- ii. Estimated Value of tax exemption requested:-  
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*I certify that to the best of my knowledge all information contained in this application and in the accompanying attachment (s) (if required) is/are true, complete and correct. I also authorise the Finance Concessions Committee to contact without further notice, any person/individual, company or institution etc. for the purpose of verifying information in this application. Further, I agree to notify the Finance Concessions Committee immediately of any material change in this application.*

**NAME:** .....  
*(of applicant or representative of organization)*

**SIGNATURE:** .....  
*(of applicant or representative of organization)*

**DATE:** .....