FORM 501 V.I.
(Rev. 6/2000)

Government of the U.S. Virgin Islands
BUREAU OF INTERNAL REVENUE

Employers Withholding Tax Deposit Coupon

Refer to Publication 15 or Circular E for deposit requiredments

(1) Employer Identification Number (EIN)

Serial #

(2) TAX PERIOD
(Please indicate the appropriate quarter, darken only one.)

1st QTR ☐ Jan. 1 — Mar 31

3rd QTR ☐ July 1 — Sept. 30

2nd QTR ☐ Apr. 1 — June 30

4th QTR ☐ Oct. 1 — Dec. 31

200 ☐

1. **EMPLOYER IDENTIFICATION NUMBER:** Enter your EIN to ensure that your deposit is applied to the proper account. If you do not have an EIN, apply for one on Form SS-4, Application for Employment Identification Number.
2. **TAX PERIOD:** Darken the box identifying the quarter for which the payment is made.
3. **AMOUNT OF DEPOSIT:** Enter the amount being deposited and submit with coupon.

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4. **NAME AND ADDRESS:** Enter your business name, address and your daytime telephone number.

Name

Trade Name, if any

Mailing Address

City **State** **Zip Code**

Telephone Number

This deposit coupon must be submitted with remittance

PLEASE REMIT BY DUE DATE:
BUREAU OF INTERNAL REVENUE

ST. THOMAS, U.S.V.I. 00802
ST. CROIX, U.S.V.I. 00820