

FORM 720-B

(Rev. 6/2000)

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

Gross Receipts Annual Tax Return

(Use only for filing receipts of \$120,000.00 or less)

200

M O N T H	GROSS RECEIPTS (1)	LESS MONTHLY EXEMPTION (2)	TAXABLE GROSS RECEIPT (3)	TAX (4)
	Please Indicate: <input type="checkbox"/> CASH OR <input type="checkbox"/> ACCRUAL	(ex. standard \$5,000, IDC, fishermen, lottery commissions, affordable housing, reverse osmosis, Etc.....)	(Column 1 minus Column 2)	(COLUMN 3 Multiplied by 4% or (.04)
JAN				
FEB				
MAR				
APR				
MAY				
JUN				
JUL				
AUG				
SEP				
OCT				
NOV				
DEC				
TOTAL				(5) AMOUNT DUE

I declare under the penalty of perjury that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return of gross receipts during the year stated pursuant to Title 33 VIC 42 & 43.

_____/_____/_____
Date

Print Your Name

Title (President, Owner, etc.)

Signature: _____ Daytime Telephone #:

NOTE: This return must be filed and any tax due must be paid within 30 days following the last day of the year reported. Businesses with gross receipts greater than \$120,000 are required to file monthly using Form 720 V.I.

(6) PENALTY
_____._____
(7) INTEREST
_____._____
(8) SUBTOTAL
_____._____
(9) CREDITS
_____._____
(10) TOTAL AMOUNT DUE
_____._____

GOVERNMENT OF THE VIRGIN ISLANDS
BUREAU OF INTERNAL REVENUE
9601 ESTATE THOMAS
ST. THOMAS, VIRGIN ISLANDS 00802

First Name _____ Middle _____ Last _____
Trade Name _____
Home Address (Number & Street) _____
City _____ State _____ Zip Code _____

Employer Identification Number (EIN)
-
Social Security Number (SSN)
--
Social Number

(for internal use only)
INDICATE FORM TYPE: SOLE PROP.
 PARTNERSHIP
 CORPORATION

Please indicate your principle activity code: