

FORM 720 V.I.

(Rev. 11/3/99)

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

Gross Receipt Monthly Tax Return

(Use for filing receipts of more than \$120,000 per year.)

Employer Identification Number (EIN)

Please Print or
Type Clearly

CURRENT MONTH

Social Security Number (SSN#)

Indicate Firm Type:

200

Sole Proprietor

Accounting Method:

SERIAL # (FOR INTERNAL USE ONLY)

Partnership

CASH

Corporation

ACCRUAL

- | | | |
|--|----|---|
| 1.) GROSS RECEIPTS | 1. | • |
| 2.) (MINUS) EXEMPTION (ex. standard \$5,000, Fishermen, IDC, lottery commissions, affordable housing, reverse osmosis, etc...) | 2. | • |
| 3.) PLEASE INDICATE REASON FOR EXEMPTION TAKEN ON LINE 2 ABOVE
(SEE REVERSE) | 3. | • |
| 4.) TAXABLE RECEIPTS (line 1 minus line 2) | 4. | • |
| 5.) TAX DUE (multiply line 4 by the tax rate of .04 or 4%) | 5. | • |
| 6.) PENALTY (if payment is late multiply line 5 by .05 or 5%) | 6. | • |
| 7.) INTEREST (if payment is late multiply line 5 by .01 or 1%) | 7. | • |
| 8.) (minus) CREDITS (refunds, prior payments or withheld amounts) | 8. | • |
| 9.) TOTAL AMOUNT DUE (add line 5, 6, 7 minus line 8) | 9. | • |

Name

10.) Indicate Principal Business
Activity Code:

D/B/A

(SEE REVERSE)

Mailing Address

12.) Telephone #:

City

State

Zip Code

I DECLARE UNDER PENALTY OF PERJURY THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE, PURSUANT TO TITLE 33 VIC SECTIONS 42 & 43.

Print Name: _____ Title: _____

(PRESIDENT, OWNER, ETC.)

Signature: _____ Date: _____