

FORM NO. 74



GOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS
 MINISTRY OF FINANCE
 VALUE ADDED TAX DEPARTMENT

RETURN FOR WITHHOLDING VALUE ADDED TAX
 PARTICULARS OF WITHHOLDING AGENT

TIN _____
 NAME OF WITHHOLDING AGENT _____
 POSTAL ADDRESS _____
 EMAIL ADDRESS _____
 TELEPHONE NO _____
 MONTH/PERIOD _____ YEAR _____

PARTICULARS OF VALUE ADDED TAX WITHHELD

TIN	Name of Recipient	Trading name (where applicable)	Vendor ID	Agents expenditure account no (Item no)	Invoice numbers	Total Invoiced Amounts (VAT inclusive)	VAT Withheld	Net Payable Amount on Invoices	Withholding VAT Certificate Number
TOTAL WHT									

DECLARATION

I _____ hereby declare that this return contains a fully, accurate and true account of the required particulars with regard to value added tax withheld.

 Signature

 Date