FORM NO. 74

GOVERMENT OF THE COMMONWEALTH OF THE BAHAMAS
MNISTRY OF FINANCE
VALUE ADDED TAX DEPARTMENT

RETURN FOR WITHHOLDING VALUE ADDED TAX
PARTICULARS OF WITHHOLDING AGENT

TIN _____

NAME OF WITHHOLDING AGENT _____

CONTACT PERSON _____ 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	Contract Value	Total Invoice Amount (Vat Inclusive)	Amount of VAT Withheld	Withholding VAT Certificate Number
Total									

DECLARATION

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

Signature _____ Date _____