

FORM 720 V.I.

(REV. 03/2012)

**Government of the U. S. Virgin Islands
BUREAU OF INTERNAL REVENUE****Gross Receipts Monthly Tax Return**

(Use for filing receipts of more than \$225,000 per year.)

Employer Identification Number (EIN)

Social Security Number (SSN)

EXEMPTION CODE

(SEE REVERSE)

Please Print or
Type Clearly

TAX MONTH

Indicate Firm Type:

- ☐ Sole Proprietor
☐ Partnership
☐ Corporation

Accounting Method:

- ☐ CASH
☐ ACCRUAL

20

1.) GROSS RECEIPTS

1.

2.) (minus) EXEMPTION (ex. Standard \$5,000 or \$9,000, Fishermen, EDC, lottery commissions, affordable housing, reverse osmosis, etc.)

2.

3.) TAXABLE RECEIPTS (line 1 minus line 2)

3.

4.) TAX DUE (multiply line 3 by the tax rate of 0.05 or 5%)

4.

5.) UP FRONT GROSS RECEIPTS TAX WITHHELD

5.

6.) ADJUSTED TAX DUE (line 4 minus line 5)

6.

7.) PENALTY (if payment is late, multiply line 6 by .05 or 5% per month, but not to exceed 25%)

7.

8.) INTEREST (if payment is late, multiply line 6 by .01 or 1% per month)

8.

9.) (minus) CREDITS (over payments)

9.

10.) TOTAL AMOUNT DUE (add line 6, 7, 8 minus line 9)

10.

Name

D/B/A

Mailing Address

City

State

Zip Code

11.) Indicate Principal Business
Activity Code:

(SEE REVERSE)

12.) Telephone Number

PLEASE REMIT BY DUE DATE TO:

BUREAU OF INTERNAL REVENUE
 ST. THOMAS, U.S.V.I. 00802
 ST. CROIX, U.S.V.I. 00820

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: _____