



SINT MAARTEN

APPLICATION FORM FOR ONLINE FILING  
(V – Login)

The undersigned \_\_\_\_\_,  
in the capacity of legal representative of the below stated company, hereby requests the  
Inspector of Taxes permission to file the following taxes / premiums online:

- Turn over Tax,
- Wage Tax ; premiums AVBZ ; premiums AOV/AWW.

Date of Request: \_\_\_\_\_, 20\_\_\_\_ (mm-dd-yy).

Data of Company (please fill in the requested information completely)	
Crib number	
Name	
DBA name	
Address	
Telephone number	

Data of contact person (please fill in the requested information completely)	
Name	
Telephone number	
Fax number	
E-mail address <sup>1</sup>	

1) The log in information will be sent to this e-mail address.

Signature: \_\_\_\_\_

The request supported with the relevant documents can be submitted to the Tax Administration or the  
Public Service Center.



The requirements for application of V-login:

- Individuals: - Valid passport, ID card or driver's license,  
- A document in which the name and crib number of the person is stated (crib declaration, an assessment, etc),  
- The crib number on the document must correspond with the crib number in the CRM system.
- Companies: - Registration Chamber of Commerce (not older than 6 months) in which the name of the (Managing) director is stated. The (Managing) director has to identify him/herself as the legal representative of the company (passport etc.).
- Consultants: - A consultant can be an individual or a company and has to be presented as such.  
- Must first request an e-login,  
- Must present statement of authorization. After validation of the statement of authorization the consultant may act on behalf of his / her clients.
- Representatives: - These are persons who represent others, but are not consultants.  
- Must present letter of representation.  
- Valid passport, ID card or driver's license (individual).



# Statement of Authorization for online filing

(V – login)

Tax Administration  
St. Maarten

## Authorization

The undersigned tax payer hereby grant authorization to the below stated consultant to perform online filing on his /her behalf.

### Data of Tax payer

Name of company	
Crib number	
Surname	
First name and initials	
Function	
Address	
Telephone number	
E-mail address	

### Data of Consultant

Name of company	
Crib number	
Surname	
First name and initials	
Function	
Address	
Telephone number	
E-mail address	

Date \_\_\_\_\_, 20 \_\_\_\_ (mm-dd-yy)

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Tax payer) (Consultant)

## Remark

1. All the requested information must be completely filled in.
2. The form must be printed and signed by both parties. The signed form can be uploaded or delivered by one or both parties to the Tax Administration, Vineyard Building or the Public Service Center, Simpson Bay (After April 15, 2013).
3. The form must be supported with ID of both parties.
4. The party to whom authorization is granted must have a verified E-login.
5. For cancellation of an authorization one or both parties must inform the Tax Administration or the Public Service Center.