Print Form

FORM 720C

(Created 03/22/2006)

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

Amended Gross Receipts Return

Employer Identification Number (EIN)

Social Security Number (SSN)

Serial # (FOR INTERNAL USE ONLY)

This form supports adjustments to the following forms :

(Check only **ONE** box)

☐ Form 720 V.I.

☐ Form 720B

PERIOD TO BE CORRECTED

Month

200

FOR INSTRUCTIONS SEE REVERSE

		A. Original amount or as previously adjusted	B. Net Change- amount of increase or (decrease)	C. Correct amount
1.) TOTAL RECEIPTS *(indicate the amount previously reported on line 1A; the difference in the amounts reported on lines 1A and 1C (increase /decrease) should be reported on line 1B .*	1.			
2.) (MINUS) EXEMPTION - *(ex. Standard $5,000, Fishermen, EDC, lottery commissions, affordable housing, reverse osmosis, etc.) Please, explain any changes in the exemption amount in the space provided below.*	2.			
3.) PLEASE INDICATE REASON FOR EXEMPTION TAKEN ON LINE 2 ABOVE ☐☐ (SEE REVERSE)	3.	DO NOT USE		
4.) TAXABLE RECEIPTS *(line 1 minus line 2)*	4.			
5.) TAX DUE *(multiply line 4 by the tax rate of 0.04 or 4%.)*	5.			
6.) PENALTY *(if payment is late, multiply line 5 by .05 or 5% per month, but not to exceed 25%)*	6.			
7.) INTEREST *(if payment is late, multiply line 5 by .01 or 1% per month)*	7.			
8.) (minus) CREDITS *(prior overpayments)*	8.			
9.) TOTAL AMOUNT DUE	9.			
10.) ADDITIONAL AMOUNT OWED *(if 9C is greater than 9A, enter 9B amount here)*	10.	(Check only **ONE** box) Apply OVERPAYMENT (Line 11) as		
11.) OVERPAYMENT *(if 9C is less than 9A, enter 9B amount here)*	11.	☐ Credit	☐ Refund	

Explanation of changes

Name

D/B/A

Mailing Address

City **State** **Zip Code**

Telephone Number

PLEASE REMIT TO:
BUREAU OF INTERNAL REVENUE
9601 Estate Thomas
St. Thomas, VI 00802

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.

Print Name: _____ Title: _____
(PRESIDENT, OWNER, ETC.)

Signature: _____ Date: _____