DEPARTMENT OF INLAND REVENUE
Central Revenue Administration

NOTICE NUMBER	BI	

Date: _____

Time: _____

Dear Sir/Madam,

Location: _____

Officers from the Department of Inland Revenue are conducting an assessment in your area.

As you were not at home, we were able/unable to complete the assessment/ investigation. You are therefore required to supply this office with the following:

- ☑ Owner's Name/ Postal Address/ Telephone Number
- ☐ Company Information e.g. Declaration of Beneficial Ownership/Incumbency Certificate (If owned by a Company)
- ☑ Copy of Conveyance
- ☐ Copy of an occupancy certificate or BEC letter of initial supply
- ☑ Completed declaration form (including present market value)
- ☐ Survey plan/Site Plan (with coordinates by registered surveyor)
- ☑ Owner occupied/ rented
- ☑ National Insurance Number (NIB)
- ☑ Passport (of owners)
- ☐ Tax Identification Number (TIN)

Please check out website listed below for forms.

https://inlandrevenue.finance.gov.bs/real-property-tax/forms-rpt/

Please upload all documents to the Family Island Declaration Portal listed here:

https://mofportal.bahamas.gov.bs/DIR/webforms.nsf/familyislanddeclaration.xsp

For help with the Family Island Declaration Portal please see:
https://www.youtube.com/watch?v=0C3LUUiXdkk

If you have any questions, please contact us at: propertytaxenqueries@bahamas.gov.bs

Yours faithfully,

_____

Family Island Unit
Real Property Tax Section

DEPARTMENT OF
INLAND REVENUE
Central Revenue Administration

CUSTOMER DETAILS

ASSESSMENT NUMBER: _____

FULL NAME (conveyance): _____

D.O.B: _____ **NIB #:** _____
month/date/year

PASSPORT (Name/Number): _____

ADDRESS (Sub/Street): _____

_____

HOUSE NO: _____ **LOT NO:** _____ **BLOCK NO:** _____

POSTAL ADDRESS: _____ **TIN NO:** _____

HOME CONTACT: _____ **WORK CONTACT:** _____

CELL CONTACT: _____ **EMAIL:** _____

SIGNATURE: _____

FOR OFFICIAL USE ONLY

NAME CHANGE ☐ **NEW REGISTRATION** ☐ **POSTAL CHANGE** ☐ **DOCUMENTS** ☐

SECTION: _____

NAME (print): _____ **SIGNATURE:** _____

DATE: _____

BAHAMAS GOVERNMENT MINISTRY OF FINANCE VALUATION SECTION

P. O. Box N-13

(1) ISLAND _____

DECLARATION OF REAL PROPERTY

OFFICIAL USE: ISLAND CODE

SHEET REFERENCE _____

(2) SETTLEMENT	(3) SUBDIVISION	(4) BLOCK	(5) LOT	(6) AREA AND MEASUREMENTS	LEGAL DESCRIPTION			
					(7) RECORDED REFERENCE: DATE		PAGE	VOLUME

(8) PREVIOUS OWNER'S NAME & ADDRESS	(9) PRESENT OWNER'S NAME & ADDRESS	FUTURE CHANGE OF ADDRESS	PROPERTY			
			(10) DATE OF ACQUISITION	(11) VALUE AT ACQUISITION DATE		(12) ADDITIONAL IMPROVEMENT	DATE
				LAND	IMPROVEMENTS		
				$	$		
NATIONALITY:	NATIONALITY:	NATIONALITY:	TELEPHONE:				

(13) PROPERTY VALUE	(14) TYPE OF IMPROVEMENT & USE			(15) IF PREVIOUSLY ASSESSED GIVE ASSESSMENT NO.	(16) TOPOGRAPHY	(17) ACCESS TO LAND	(18) AMENITIES
*PRESENT "MARKET VALUE"	HOTEL				HILL TOP: YES/NO	PAVED ROAD: YES/NO	PUBLIC WATER -
LAND VALUE:	CONDOMINIUM				LEVEL: YES/NO	GRAVEL ROAD: YES/NO	PUBLIC TELEPHONE -
IMPROVEMENT VALUE:	COMMERCIAL				SLOPPING: YES/NO	BOAT: YES/NO	PUBLIC POWER –
PRESENT USE:	RESIDENTIAL				LOW: YES/NO	AIRCRAFT: YES/NO	PUBLIC SEWAGE -
ZONING:	APARTMENTS				SWAMP: YES/NO		OTHERS –
	COMM. & RESID.						
	APTS./RES./COMM.						
	RENTAL						
	CAR PARK/SERVICE STA						

I hereby certify that the above particulars of my property are true to the best of my knowledge and belief.

NOTES

(1) Declaration must be correct in all material details except for "Market Value" See Section 6(3) of Act.

(2) This Declaration must be witnessed by an authorized person viz Magistrate, Attorney, Registered Medical Practitioner, Bank Officer, Minister of Religion, Justice of the Peace, Notary Public.

(3) Where an owner fails to make a return as here laid out, he is guilty of an offence and may be liable to a fine not exceeding $3000. Also the tax is recoverable up to a period of 10 years in retrospect.

Signed _____Owner/Agent Date _____

Signed _____ Witness Date _____

00584287-1

BAHAMAS GOVERNMENT MINISTRY OF FINANCE VALUATION SECTION

P.O. Box N-13

FOR OFFICAL USE ONLY:

ASSESSMENT NO:

	CODE:	000	01	998	200	300	400	500	600	700	800	901
	TYPES & USE	VACANT LAND	RESIDENCE CLASS	CONDO'S	HOTEL	COMMERCE	APARTMENTS	COMM/RES	COMM./APT. RESIDENCE	SERVICE	CAR PARKS	RENTALS
01	OFFICE BLOCKS											
02	STORES (GENERAL)											
03	" JEWELLERY DRUGS TRAVEL AGENCY GIFTS MISCELLANEOUS											
04	RESTAURANT											
05	RESTAURANT & LOUNGE											
06	LIQUOR OUTLET											
07	WAREHOUSE											
08	BANKS											
09	INDUSTRIAL											

	REMARKS	PROCESSED BY APPROVED BY

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