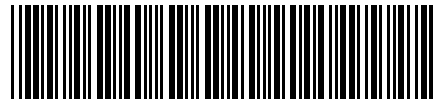




**TAX RETURN FOR INSURANCE COMPANIES ONLY**

Approved by the Board of Inland Revenue under Section 76 of the Income Tax Act,  
Chap 75:01, as applied by Section 19 of the Corporation Tax Act, Chap. 75:02



10600INSP1

**2010**

**REGISTRATION INFORMATION CHANGE**

**FORM 600 INS**

[Empty box for registration information change]

- CHANGE OF COMPANY INFORMATION
- AMENDED RETURN

PLEASE PRINT IN BLOCK LETTERS NAME AND ADDRESS OF COMPANY IF DIFFERENT FROM ABOVE. **USE BLACK INK ONLY**

NAME OF COMPANY

[Text box for Name of Company]

BIR File No.

[Text box for BIR File No.]

NAME OF COMPANY (cont'd)

[Text box for Name of Company (cont'd)]

VAT Registration No.

[Text box for VAT Registration No.]

ADDRESS OF COMPANY (STREET NO. AND NAME)

[Text box for Address of Company]

No. of Employees

[Text box for No. of Employees]

CITY OR TOWN

[Text box for City or Town]

Telephone No.

[Text box for Telephone No.]

COUNTRY

[Text box for Country]

Fax No. of Business

[Text box for Fax No. of Business]

EMAIL ADDRESS

[Text box for Email Address]

Telephone No. of Managing Director

[Text box for Telephone No. of Managing Director]

ADDRESS OF REGISTERED OFFICE (STREET NO. AND NAME)

[Text box for Address of Registered Office]

Fax No.

[Text box for Fax No.]

CITY OR TOWN

[Text box for City or Town]

COUNTRY

Accounting Period

From

DDMMYYYY

MAILING ADDRESS IF DIFFERENT FROM ABOVE (STREET NO. AND NAME)

[Text box for Mailing Address]

To

[Text box for To]

CITY OR TOWN

[Text box for City or Town]

COUNTRY

Date of Commencement

[Text box for Date of Commencement]

DDMMYYYY

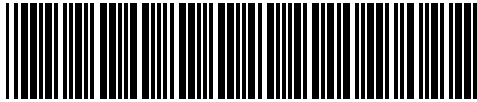
NATURE OF BUSINESS OR PRINCIPAL ACTIVITY

[Text box for Nature of Business]

[Text box for Nature of Business]

**Tick the Appropriate Box**

- Branch of Non-Resident Company
- Non-Resident Company
- Mutual Company
- Close Company



COMPUTATION OF CORPORATION TAX/BUSINESS LEVY DUE AND PAID

RELIEFS

To Nearest Dollar - Omit Cents/Commas

1	Chargeable Profits from Long-term Insurance Business (Page 5, Line 58)	1	
2	Tax Liability (Page 5, Line 65)	2	
3	Chargeable Profits from Other Than Long-term Business (Page 9, Line 15)	3	
4	Tax Liability (Page 9, Line 21)	4	
5	Other Net Income (Attach Schedule) See Instruction 2 (1)	5	
6	Tax Liability (25 % of Line 5)	6	
7	Total Chargeable Profits (Line 1 plus Lines 3 and 5)	7	
8	Total Tax Liability (Line 2 plus Lines 4 and 6)	8	
9	Deduct Venture Capital Credit	9	
10	Net Tax Liability (Line 8 minus Line 9)	10	
11	Business Levy Liability (Schedule O)	11	
12	(a) If Line 10 is greater than Line 11 - <b>Enter Corporation Tax Liability</b>	12(a)	
	(b) If Line 10 is equal to or less than Line 11 - <b>Enter Business Levy Liability</b>	(b)	

PAYABLE/REFUND

13	Corporation Tax Paid (Schedule Q)	13	
14	Business Levy Paid (Schedule Q)	14	
15	Total (Line 13) + (Line 14)	15	
16	If Line 12(a) or 12(b) is greater than Line 15 - <b>Enter Balance Payable</b>	16(a)	
	(a) Corporation Tax <input type="checkbox"/> (b) Business Levy <input type="checkbox"/>	(b)	
17	If Line 12(a) and 12(b) is less than Line 15 - <b>Enter Refund</b>	17(a)	
	(a) Corporation Tax <input type="checkbox"/> (b) Business Levy <input type="checkbox"/>	(b)	

GENERAL DECLARATION

IT IS AN OFFENSE PUNISHABLE BY FINE AND/OR IMPRISONMENT TO MAKE A FALSE RETURN

PLEASE SIGN GENERAL DECLARATION

I, \_\_\_\_\_ declare that this is a true and correct Return of the whole of the  
(Block Letters)

income or profits of .....

(Name of Company)

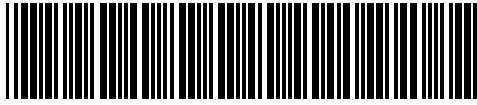
from every source whatsoever chargeable under the Corporation Tax Act, Chap. 75:02 and that the Schedules and Statements included in this Return are true and correct, and I further declare that I am authorized by the said Company to sign this Return on its behalf.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
Signature of Director, or an Authorized Agent

FOR OFFICIAL USE ONLY

Place Date Received Stamp Here



10600INSP3

2010  
FORM 600 INS  
BIR Number

**SCHEDULE A  
LONG-TERM INSURANCE BUSINESS  
ORDINARY LIFE INSURANCE AND ANNUITY BUSINESS**

To Nearest Dollar, Omit Cents/Commas

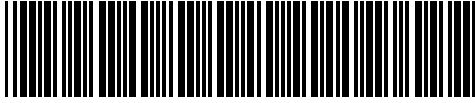
1. Income of Ordinary Life Assurance and Annuity business (See Instruction No. 2)		\$	<input type="text"/>
2. Less: Income of Approved Annuity Business (See Instruction No. 2)	\$	<input type="text"/>	
3. Less: Income exempt from tax in Trinidad and Tobago	\$	<input type="text"/>	
4. Income before deduction of expenses		\$	<input type="text"/>
5. Deduct: Investment Expenses of Ordinary Life Assurance and Annuity Business [See Instruction I, (III), (f)]		\$	<input type="text"/>
6. Net Profits of Life Assurance and General Annuity Business		\$	<input type="text"/>
7. Deduct: Profits of Long-Term Insurance transferred to shareholder's accounts (See Instruction No.2)		\$	<input type="text"/>
8. Difference		\$	<input type="text"/>

**Tax Liability**

9. If Line 7 is equal to zero - Line 6 @ 15% or		\$	<input type="text"/>
10. If Line 7 is equal to Line 6 - Line 7 @ 25% or		\$	<input type="text"/>
11. If Line 7 is less than Line 6 - Line 7 @ 25% plus Line 8 @ 15% or		\$	<input type="text"/>
12. If Line 7 exceeds Line 6 - Line 6 @ 25% plus Line 8 (Grossed up @ 15%) @ 10%		\$	<input type="text"/>
13. Deduct: (a) Tax Relief for losses brought forward [See Instruction No. 3 (a)]	\$	<input type="text"/>	
(b) Group Loss Relief [See Instruction No. 3 (a)]	\$	<input type="text"/>	
(c) Sum of Lines [13(a) + 13(b)]		\$	<input type="text"/>
14. Tax Liability for Ordinary Life Insurance and General Annuity Business (Enter on Page 5, Line 59)		\$	<input type="text"/>

**Industrial Life Insurance Business**

15. Income of Industrial Life Insurance Business (See Instruction No. 2)		\$	<input type="text"/>
16. Less: Income exempt from tax in Trinidad and Tobago		\$	<input type="text"/>
17. Income before deduction of expenses		\$	<input type="text"/>
18. Deduct: Investment Expenses of Industrial Life Insurance		\$	<input type="text"/>
19. Net Profits of Industrial Life Insurance Business		\$	<input type="text"/>
20. Deduct: Profits of Long-Term Insurance Business transferred to shareholders' account (See Instruction No. 2)		\$	<input type="text"/>
21. Difference		\$	<input type="text"/>



10600INSP4

**SCHEDULE A**  
**LONG-TERM INSURANCE BUSINESS - Continued**  
**TAX LIABILITY**

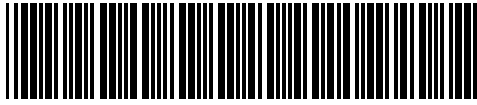
- 22. If Line 20 is equal to zero - Line 19 @ 15% or \$
- 23. If Line 20 is equal to Line 19 - Line 20 @ 25% or \$
- 24. If Line 20 is less than Line 19 - Line 20 @ 25% plus Line 21 @ 15% or \$
- 25. If Line 20 exceeds Line 19 - Line 19 @ 25% plus Line 21 (Grossed @ 15%) @ 10% \$
- 26. Deduct (a) Tax Relief for losses brought forward [See Instruction No. 3 (b)] \$
- (b) Group Loss Relief [See Instruction No. 3 (b)] \$
- (c) Sum of Lines [26(a) + 26(b)] \$
- 27. Tax Liability for Industrial Life Insurance Business (Enter on Page 5, Line 60) \$

**Bond Investment Business**

- 28. Income of Bond Investment (See Instruction No. 2) \$
- 29. Less: Income exempt from tax in Trinidad and Tobago \$
- 30. Income before deduction of Expenses \$
- 31. Deduct: Investment Expenses of Bond Investment Business \$
- 32. Net Profits of Bond Investment Business \$
- 33. Deduct: Profits of Long-term Insurance Business transferred to shareholders' accounts (See Instruction No.2) \$
- 34. Difference \$

**Tax Liability**

- 35. If Line 33 is equal to zero - Line 32 @ 15% or \$
- 36. If Line 33 is equal to Line 32 - Line 33 @ 25% or \$
- 37. If Line 33 is less than Line 32 - Line 33 @ 25% plus Line 34 @ 15% or \$
- 38. If Line 33 exceeds Line 32 - Line 32 @ 25% plus Line 34 (Grossed @ 15%) @ 10% \$
- 39. Deduct (a) Tax Relief for losses brought forward [See Instruction No. 3 (c)] \$
- (b) Group Loss Relief [See Instruction No. 3 (c)] \$
- (c) Sum of Lines [39(a) + 39(b)] \$
- 40. Tax Liability for Bond Investment Business (Enter on Page 5, Line 61) \$



10600INSP5

2010  
FORM 600 INS  
BIR Number

**SCHEDULE A**  
**LONG-TERM INSURANCE BUSINESS - Continued**  
**NON-CANCELLABLE SICKNESS AND ACCIDENT BUSINESS**

To Nearest Dollar, Omit Cents/Commas

41. Income from Non-Cancellable Sickness and Accident Business (See Instruction No. 2)	\$	<input type="text"/>
42. Less: Income exempt from tax in Trinidad and Tobago	\$	<input type="text"/>
43. Income before deduction of Expenses	\$	<input type="text"/>
44. Deduct: Investment Expenses of Non-Cancellable Sickness and Accident Insurance Business	\$	<input type="text"/>
45. Net Profits of Non-Cancellable Sickness and Accident Insurance Business	\$	<input type="text"/>
46. Less: Profits of Long-term Insurance Business transferred to shareholders' accounts (See Instruction No.2)	\$	<input type="text"/>
47. Difference	\$	<input type="text"/>

**Tax Liability**

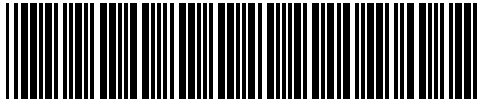
48. If Line 46 is equal to zero - Line 45 @ 15% or	\$	<input type="text"/>
49. If Line 46 is equal to Line 45 - Line 46 @ 25% or	\$	<input type="text"/>
50. If Line 46 is less than Line 45 - Line 46 @ 25% plus Line 47 @15% or	\$	<input type="text"/>
51. If Line 46 exceeds Line 45 - Line 45 @ 25% plus Line 47 (Grossed up @ 15%) @ 10%	\$	<input type="text"/>
52. Deduct (a) Tax Relief for losses brought forward [See Instruction No. 3 (d)]	\$	<input type="text"/>
(b) Group Loss Relief [See Instruction No. 3 (d)]	\$	<input type="text"/>
(c) Sum of Lines [52(a) + 52(b)]	\$	<input type="text"/>
<b>53. Tax Liability for Non-Cancellable Sickness and Accident Business (Enter on Page 5, Line 62)</b>	\$	<input type="text"/>

**Chargeable Profits of Long-term Insurance Business**

54. Life Insurance and General Annuity Business (Line 6 or Line 7 whichever is greater)	\$	<input type="text"/>
55. Industrial Life Insurance Business (Line 19 or Line 20 whichever is greater)	\$	<input type="text"/>
56. Bond Investment Business (Line 32 or Line 33 whichever is greater)	\$	<input type="text"/>
57. Non-Cancellable Sickness and Accident Business (Line 45 or Line 46 whichever is greater)	\$	<input type="text"/>
<b>58. Total (Enter on Page 2, Line 1) (Sum of Lines 54 to 57)</b>	\$	<input type="text"/>

**Summation of Tax Liability**

59. Tax Liability for Life Insurance and General Annuity Business (Line 14)	\$	<input type="text"/>
60. Tax Liability for Industrial Life Insurance Business (Line 27)	\$	<input type="text"/>
61. Tax Liability for Bond Investment Business (Line 40)	\$	<input type="text"/>
62. Tax Liability for Non-Cancellable Sickness and Accident Business (Line 53)	\$	<input type="text"/>
63. Total Tax Liability for Long-term Insurance Business (Total of Lines 59 to 62)	\$	<input type="text"/>
64. Deduct: Double Tax Relief on Long-term Insurance Business (Schedule E)	\$	<input type="text"/>
<b>65. Tax Liability on Long-term Insurance Business [(Line 63 minus Line 64) (Enter on Page 2, Line 2)]</b>	\$	<input type="text"/>



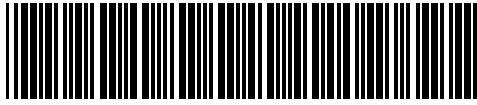
10600INSP6

**2010**  
**FORM 600 INS**  
BIR Number

**SCHEDULE A**  
**COMPUTATION OF BRANCH PROFITS REMITTED OR DEEMED TO BE REMITTED**  
**FOR NON-RESIDENT COMPANIES ONLY**

**To Nearest Dollar, Omit Cents/Commas**

(a) Net Profit after Corporation Tax	\$	<input type="text"/>
(b) Net Premium Income (i.e., after deducting all premium expenses)	\$	<input type="text"/>
(c) Total Line (a) plus (b)	\$	<input type="text"/>
(d) Increase in Local Investments minus Interest required to maintain actuarial reserves	\$	<input type="text"/>
(e) Re-invested locally $\frac{(d)}{(c)} \times (a)$	\$	<input type="text"/>
(f) Deemed remitted profits for Withholding Tax, i.e., Line (a) minus Line (e) minus Interest required to maintain actuarial reserves	\$	<input type="text"/>



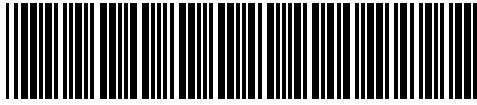
10600INSP7

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SCHEDULE B
LONG-TERM INSURANCE BUSINESS
(Please Complete All Schedules)
GENERAL AND INVESTMENT EXPENSES

To Nearest Dollar-Omit Cents/Commas

Table with 4 columns: Description, Incurred During Year (1), Amount claimed as Investment Expenses (2), and Basis of allocation (3). Rows include Rent, Salaries, Wages and Allowances, Employees and Agents Welfare, Professional Service Fees and Expenses, and Miscellaneous Expenses.



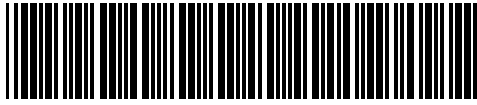
10600INSP8

SCHEDULE B
LONG-TERM INSURANCE BUSINESS
(Please Complete All Schedules)
GENERAL AND INVESTMENT EXPENSES

To Nearest Dollar-Omit Cents/Commas

Table with 4 columns: Description, Incurred During Year (1), Amount claimed as Investment Expenses (2), and Basis of allocation (3). Rows include Miscellaneous Expenses-Continued (27-40), Real Estate expenses, excluding Taxes (41-43), and Other Deductions (44-51).





10600INSP9

2010  
FORM 600 INS  
BIR Number

**SCHEDULE C  
TAX COMPUTATION  
INSURANCE BUSINESS OTHER THAN LONG-TERM**

1. Gross Premiums	...	...	...	...	...	\$	<input type="text"/>
2. Less: Premiums returned to policyholders plus paid on reinsurance	...					\$	<input type="text"/>
3. Net Premiums	...	...	...	...	...	\$	<input type="text"/>
4. Add: Interest	...	...	...	...	...	\$	<input type="text"/>
5. Other Income (Attach Schedule)	...	...	...	...	...	\$	<input type="text"/>
6. Reserve for unexpired risks at the beginning of accounting period	...					\$	<input type="text"/>
7. Total (Lines 4 to 6)	...	...	...	...	...	\$	<input type="text"/>
<b>8. Total Income (Line 3 plus Line 7)</b>	...	...	...	...	...	\$	<input type="text"/>

**Deductions**

9. Net Claims (See Schedule N)	...	...	...	...	...	\$	<input type="text"/>
10. Add: Administrative Expenses (Attach Schedule)	...	...	...	...	...	\$	<input type="text"/>
11. Proportion of Head Office Expenses (If a branch of a non-resident company)	...					\$	<input type="text"/>
12. Reserve for unexpired risks at the end of the accounting period	...					\$	<input type="text"/>
13. Allowance for Contribution to Catastrophe Reserve Fund (See Schedule L)	...					\$	<input type="text"/>
14. Total deductions (Lines 9 to 13)	...	...	...	...	...	\$	<input type="text"/>
<b>15. Chargeable Profits (Line 8 less Line 14) (Enter on Page 2, Line 3)</b>	...	...	...	...	...	\$	<input type="text"/>

**Tax Liability**

16. Total Tax (25% of Line 15)	...	...	...	...	...	\$	<input type="text"/>
17. Tax Relief for losses brought forward (See Instruction No. 3)	...	...	...	...	...	\$	<input type="text"/>
18. Double Tax Relief (Schedule E) Col. 8	...	...	...	...	...	\$	<input type="text"/>
19. Group Loss Relief (Schedule J)	...	...	...	...	...	\$	<input type="text"/>
20. Total Relief (Lines 17 to 19)	...	...	...	...	...	\$	<input type="text"/>
<b>21. Tax Liability (Line 16 minus Line 20) (Enter on Page 2, Line 4)</b>	...	...	...	...	...	\$	<input type="text"/>



10600INSP10

[Empty box for BIR Number]

**SCHEDULE D  
REMUNERATION OF DIRECTORS (CLOSE COMPANIES ONLY)**

(See Instruction No. 5)

To Nearest Dollar-Omit Cents/Commas

Name of Director  (1)	Director's BIR No.  (2)	Time devoted to business (Part Time/Whole Time)  (3)	State if Director is a Full-time Employee of Company  (4)	Ordinary Share Capital owned by Director and Associates  (5) \$	% Issued Ordinary Share Capital owned by Director and Associates  (6) %	Director's Fee  (7) \$	Other Remuneration  (8) \$	Total Remuneration allowed as deduction  (9) \$

Enter total of Column (9) on Page 7, Schedule B, Line 8.

**SCHEDULE E  
DOUBLE TAX RELIEF**

(See Instruction No. 6)

To Nearest Dollar-Omit Cents/Commas

Name of Company or Person from whom income is received (grouped according to Country)  (1)	Type of Income (Dividends, Interest, Royalties, Rent, Etc.)  (2)	% of the Issued Shares of Voting Stock of the Paying Company owned by the Receiving Company, where applicable  (3) %	Gross Income before Deduction of Tax in Foreign Country  (4) \$	Tax paid in Foreign Country  (5) \$	Rate of Tax in Foreign Country  (6) %	Relief Claimed Long-term  (7) \$	Relief Claimed Other Than Long-term  (8) \$

Enter sub-total of Column (7) on Page 5, Line 64.  
Enter sub-total of Column (8) on Page 9, Line 18.

TOTAL \$



10600INSP11

2010  
FORM 600 INS  
BIR Number

**SCHEDULE F**  
**EXPENDITURE ON CONSTRUCTION OR SETTING UP OF**  
**CHILD CARE OR HOMEWORK FACILITY**  
(See Instruction No. 7)

To Nearest Dollar-Omit Cents/Commas

Location of Facility (1)	Completion Date (2)	Expenditure Incurred (3)	Deduction Claimed (not exceeding \$500,000 each) (4)	Expenditure over \$500,000 Col. (3) - Col. (4) (5)

Enter total of Column (4) up to a maximum amount of \$3,000,000 on Page 8, Schedule B, Line 46.  
Enter total of Column (5) in Schedule G, Line 4.

**SCHEDULE G**  
**INITIAL AND WEAR AND TEAR ALLOWANCE**  
(See Instruction No. 8)

To Nearest Dollar-Omit Cents/Commas

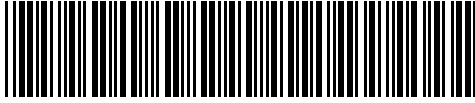
	CLASS A (2)	CLASS B (3)	CLASS C (4)	CLASS D (5)	OTHER CLASS (6)	TOTAL ALLOWANCES (7)
1 Wear and Tear Rate	10%	25%	33.3%	40%		
	\$	\$	\$	\$	\$	\$
2 Written Down Value of Plant and Machinery at beginning of accounting period						
3 Written Down Value of Buildings at beginning of accounting period						
4 Additions						
5 Subtotal [Lines (2) to (4)]						
6 Initial Allowance						
7 Subtotal [Line (5) minus Line (6)]						
8 Disposal Proceeds						
9 Subtotal [Lines (7) minus Line (8). If Line (8) is greater than Line (7) Enter "0"]						
10 Wear and Tear Allowance [Line (1) x Line (9) plus Line (6)]						
11 Written Down Value at end of Accounting Period [Line (9) minus Line (10)]						

**SUMMARY OF ALLOWANCES**

To Nearest Dollar-Omit Cents/Commas

(a) Initial Allowance [Line 6, Column (7)]	...	...	...	...	<input type="text"/>
(b) Less amount relating to non-qualifying use	...	...	...	...	<input type="text"/>
(c) Initial Allowance claimed [(a) - (b)]	[Enter on Page 8, Schedule B, Line 47 (b)]				<input type="text"/>
(d) Wear and Tear Allowance [Line 10, Column (7)]	...	...	...	...	<input type="text"/>
(e) Less amount relating to non-qualifying use or time	...	...	...	...	<input type="text"/>
(f) Wear and Tear Allowance claimed [(d) - (e)]	...	...	...	...	<input type="text"/>

Enter Wear and Tear Allowance on Long-Term Business on Page 8, Line 47 (a).  
Enter Wear and Tear Allowance on Other Than Long-Term Business on Page 9, Line 10, as appropriate



10600INSP12

**2010**  
**FORM 600 INS**  
BIR Number

**SCHEDULE H**  
**BALANCING ALLOWANCES AND CHARGES**

(See Instruction No. 9)

To Nearest Dollar-Omit Cents/Commas

(1)	Written Down Value prior to Disposal  (2) \$	Disposal Proceeds  (3) \$	Balancing Charge [(where Column 3) is greater than Column (2)]  Column (3) minus Column (2)  (4) \$	*Balancing Allowance [(where Column 2) is greater than Column (3)]  Column (2) minus Column (3)  (5) \$
CLASS A				
CLASS B				
CLASS C				
CLASS D				
OTHER CLASS				
TOTAL      \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Balancing Allowance is granted only where there are no assets remaining in the Class.

Enter Total Balancing Allowance on Page 8, Schedule B, Line 47 (c) or Page 9, Schedule C, Line 10 as appropriate.

Enter Total Balancing Charge on Page 8, Schedule B, Line 47 (d) or on Page 9, Schedule C, Line 5 as appropriate.



10600INSP13

2010  
FORM 600 INS  
BIR Number

[Empty box for BIR Number]

**SCHEDULE I  
VENTURE CAPITAL CREDIT**  
(See Instruction No. 10)

Venture Capital Company in which investment is held (1)	Amount of Investment (2) \$	Rate of Tax in year of Investment (3) %	Venture Capital Credit Col. (2) x Col. (3) (4) \$	Credit brought forward (5) \$	Credit claimed (6) \$	Credit to be carried forward Col. (4) + Col. (5) - Col. (6) (7) \$

Enter Total of Col. (6) on Page 2, Line 9

**SCHEDULE J  
GROUP LOSS RELIEF**  
(See Instruction No. 11)

Name of Surrendering Company and B.I.R. File Number	Accounting Period for which relief is claimed by Surrendering Company	Trading Loss Surrendered	
		Long-Term \$	Other than Long-Term \$

Name of Claimant Company and B.I.R. File Number	Accounting Period for which relief is claimed by Claimant Company	Chargeable Profits of Claimant Company utilized by Group relief	
		Group Loss Relief	
		Long-Term	Other than Long-Term

Enter Group Loss Relief on Page 3, Line 13(b), Page 4, Lines 26(b) and 39(b), Page 5, Line 52(b) or Page 9, Schedule C, Line 19 as applicable.

**SCHEDULE K  
ART AND CULTURE, SPORTSMEN, SPORTING ACTIVITY, AUDIO, VISUAL OR VIDEO PRODUCTION ALLOWANCE**  
(See Instruction No. 12)

Category of Sponsorship (1)	Actual Expenses Incurred (2) \$	[150% of Column (2)] (3) \$	Allowance Greater of Columns (2 and 3) (4) \$
Art and Culture			
Sportsmen/Sporting Activities			
Audio, Visual/Video Production			
<b>TOTAL</b> of Column (4) Limited to \$1,000,000			

Enter Allowance of [total of Column (4)] on Page 8, Schedule B, Line 45(a) or Page 9, Schedule C, Line 10 as appropriate.



10600INSP14

2010  
FORM 600 INS  
BIR Number

**SCHEDULE L  
CATASTROPHE RESERVE FUND**

(See Instruction No. 13)

- 1. Premiums Derived from Property Insurance Business \$
- 2. Less: Reinsurance Premiums for Catastrophe Risk Reinsurance \$
- 3. Net Written Premiums Income \$
- 4. Contribution to Catastrophe Reserve Fund (Limited to 20 per cent of Line 3) \$
- Enter Allowable Credit on (Page 9, Schedule C, Line 13) \$

**SCHEDULE M  
ASSETS HELD IN THE STATUTORY FUND (ATTACH SCHEDULE)**

(See Instruction No. 14)

Description of Assets (1)	Year of Maturity (2)	Interest Rate (3) %	Par Value (4) \$	Market Value (5) \$	Income for Period (6) \$

**SCHEDULE N  
NET CLAIMS (OTHER THAN LONG-TERM BUSINESS)**

(See Instruction No. 15)

- Claims paid during the year \$
- Less: Amount received under reinsurance \$
- Net Claims paid \$
- Add: Reserve for outstanding claims at the end of the period \$
- Less: Reserve for outstanding claims at the beginning of the period \$
- NET TOTAL CLAIMS (Transfer to Schedule C, Page 9, Line 9) \$



10600INSP15

2010  
FORM 600 INS  
BIR Number

**SCHEDULE O**  
**STATEMENT OF BUSINESS LEVY LIABILITY AND COMPUTATION OF**  
**INTEREST ON SHORT PAYMENTS**  
(See Instruction No. 49)

Date of Commencement of Business ...../...../.....  
(dd/mm/yyyy)

To Nearest Dollar-Omit Cents/Commas

Quarters (1)	Actual Gross Sales/ Receipts for 2010 (Jan.- Dec.) (2) \$	Business Levy Liability [0.2% of Column (2)] (3) \$	Tax Offset [Limited to amount in Column (3)] (4) \$
Jan. to Mar.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Apr. to Jun.	<input type="text"/>	<input type="text"/>	<input type="text"/>
July to Sept.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oct. to Dec.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL ...</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Business Levy Liability</b> Enter on Page 2, Line 11.		<input type="text"/>	

Quarters	Business Levy Paid (5)	Compute 90% of Col (3) (6)	* Compute 10% of Col (3) for the previous quarter (7)	Minimum Payment Due Col (6) + (7) (8)	Short Payments Col (8) minus Col (4) + (5) (9)
Jan. to Mar.	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Apr. to Jun.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
July to Sept.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oct. to Dec.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL ...</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Interest must be calculated at 20 percent per annum from the date following the end of quarter when the Business Levy Liability became due to 30th April, 2011 or to the date of payment whichever is the earlier.

\* For the 2nd, 3rd and 4th quarters, compute 10% of Column (3) of the previous quarter and insert it in this column. For example: compute 10% of the 1st. quarter (January to March) and insert the amount in this column against the 2nd quarter (April to June).



10600INSP16

2010  
FORM 600 INS  
BIR Number

**SCHEDULE P**  
**STATEMENT OF GREEN FUND LEVY LIABILITY AND COMPUTATION OF**  
**INTEREST ON SHORT PAYMENTS**  
(See Instruction No. 16)

To Nearest Dollar-Omit Cents/Commas

Quarters (1)	Actual Gross Sales/ Receipts for 2010 (Jan.- Dec.) (2)	Green Fund Levy Liability [0.1% of Column (2)] (3)	Tax Offset [Limited to amount in Column (3)] (4)
Jan. to Mar.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Apr. to Jun.	<input type="text"/>	<input type="text"/>	<input type="text"/>
July to Sept.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oct. to Dec.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Green Fund Levy Liability</b> Enter on Page 2, Line 27		<input type="text"/>	<input type="text"/>

Quarters	Green Fund Levy Paid (5)	Compute 90% of Col (3) (6)	*Compute 10% of Col (3) for the previous quarter (7)	Minimum Payment Due Col (6) + (7) (8)	Short Payments Col (8) minus Col (4) + (5) (9)
Jan. to Mar.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Apr. to Jun.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
July to Sept.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oct. to Dec.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Interest must be calculated at 20 percent per annum from the date following the end of the quarter when the Green Fund Levy Liability became due to 30th April, 2011 or to the date of payment whichever is the earlier.

\* For the 2nd, 3rd and 4th quarters, compute 10% of Column (3) of the previous quarter and insert it in this column. For example: compute 10% of the 1st quarter (January to March) and insert the amount in this column against the 2nd quarter (April to June).

**TOTAL GREEN FUND LIABILITY**

If Column (3) is greater than Column (4),  
enter Green Fund Levy Payable

If Column (3) is less than Column (4),  
enter Green Fund Levy Refund

NOTE: Interest must be calculated at 20 per cent per annum from the date following the end of the quarter when the Green Fund Levy Liability became due to 30th April, 2011 or to the date of payment whichever is the earlier.





10600INSP17

2010  
FORM 600 INS  
BIR Number

**SCHEDULE Q  
INSTALMENTS PAID IN RESPECT OF CORPORATION TAX/BUSINESS LEVY AND GREEN FUND  
LEVY FOR THE YEAR OF INCOME 2010**

To Nearest Dollar-Omit Cents/Commas

Corporation Tax (1)				Business Levy (2)			Green Fund Levy (3)			
Quarters	Date Paid	Receipt No.	Amount \$	Date Paid	Receipt No.	Amount \$	Date Paid	Receipt No.	Amount \$	
Jan. - Mar.										
Apr. - Jun										
Jul - Sept										
Oct - Dec										
Other Payments in respect of 2010 Liability										
Total Instalments Paid (Enter amount on, Page 2, Line 13)			(\$)	TOTAL (Enter amount on Page 2, Line 14)			(\$)	TOTAL ... .. (\$)		

**SCHEDULE R  
INSURANCE PREMIUM TAX PAYMENTS FOR ACCOUNTING PERIOD**

Months	Date Paid	Receipt No.	Amount (\$)	Months	Date Paid	Receipt No.	Amount (\$)