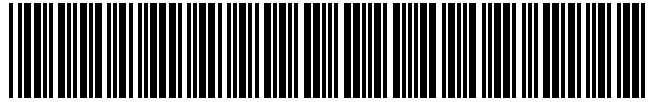




INDIVIDUAL INCOME TAX RETURN FOR 2011

Approved by the Board of Inland Revenue under Section 76 of the
Income Tax Act, Chap. 75:01 and the Finance Act, No. 14 of 1987.



V2 -11400ITRP01

REGISTRATION INFORMATION CHANGE

- NAME CHANGE
 ADDRESS CHANGE

2011
FORM 400 ITR

IDENTIFICATION SECTION

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

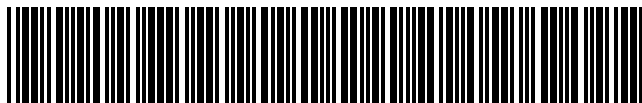
LAST NAME	<input type="text"/>		BIR File No.	<input type="text"/>
FIRST NAME	MIDDLE NAME	<input type="text"/>		Spouse's BIR File No.
PRESENT ADDRESS (STREET NO. AND NAME)			<input type="text"/>	
CITY OR TOWN	COUNTRY		PIN # (Electronic Birth Certificate No.)	
MAILING ADDRESS IF DIFFERENT FROM ABOVE (STREET NO. AND NAME)			<input type="text"/>	
CITY OR TOWN	COUNTRY		VAT Registration No.	
OCCUPATION OR PROFESSION			NIS No.	
E-MAIL ADDRESS			Driver's Permit No.	
TELEPHONE CONTACT (HOME/OFFICE)			National Identification No.	
TELEPHONE CONTACT (MOBILE)			Date of Birth (DD MM YYYY)	
TRADE NAME (IF ANY) SELF EMPLOYED ONLY		TYPE OF BUSINESS	Please tick the appropriate box	
ADDRESS OF BUSINESS (STREET NO. AND NAME)			<input type="checkbox"/> Resident <input type="checkbox"/> Male	
CITY OR TOWN			<input type="checkbox"/> Non-Resident <input type="checkbox"/> Female	
COUNTRY			<input type="checkbox"/> Self-employed	

TAX COMPUTATION SECTION

INCOME

To Nearest Dollar, Omit Cents/Commas

1	Income from Employment (Government and Non-Government) as per TD4 enclosed	1	<input type="text"/>
2	Retirement Severance Benefit (See Instructions 13 and 31)	2	<input type="text"/>
3	Pensions from sources within/outside T&T	3	<input type="text"/>
4	TOTAL EMOLUMENT INCOME (SUM OF LINES 1 TO 3)	4	<input type="text"/>
5	Less Travelling Expenses (See Instruction 12)	5	<input type="text"/>
6	NET EMPLOYMENT INCOME (LINE 4 MINUS LINE 5)	6	<input type="text"/>
7	Amount Received on Cancellation of Approved Deferred Annuity/Pension Plan	7	<input type="text"/>
8	Employer's contribution to Approved Deferred Annuity/Pension Plan (Taxable Benefit) Section 134(6)	8	<input type="text"/>
9	Net Income from Other Sources (Page 6, Schedule E)	9	<input type="text"/>
10	TOTAL INCOME (SUM of LINES 6 to 9)	10	<input type="text"/>



BIR Number

Empty box for BIR Number

DEDUCTIONS

To Nearest Dollar, Omit Cents/Commas

Table with 3 columns: Line number, Description, and Amount. Rows include Tertiary Education Expenses, First-Time Acquisition of House, Covenanted Donations, TOTAL NET INCOME, Deduct Personal Allowance, ASSESSABLE INCOME, Approved Pension Plan, Contributions to Widows' and Orphans' Fund, National Insurance Payments, SUM OF LINES 17 TO 19, Employer's NIS Contributions, Approved Capial Expenditure, Alimony/Maintenance Payment, TOTAL DEDUCTIONS, CHARGEABLE INCOME, TAX ON CHARGEABLE INCOME, Total Tax Credits and Double Taxation Relief, Income Tax Liability, Business Levy Liability, and final liability calculations for lines 28-31.

PREPAYMENTS

Table with 3 columns: Line number, Description, and Amount. Rows include Total Income Tax Quarterly Installments Paid, Total Business Levy Quarterly Installments Paid, Tax Deducted on Interest/Dividend Income, Tax Deducted Re: Cancellation of Approved Deferred Annuity/Pension Plan, INCOME TAX DEDUCTED (PAYE) PER T.D.4 CERTIFICATE/S ENCLOSED, TOTAL PREPAYMENTS, and final balance payable/refund calculations for lines 30-39.

GENERAL DECLARATION

IT IS AN OFFENCE PUNISHABLE BY FINE OR IMPRISONMENT TO MAKE A FALSE RETURN
PLEASE SIGN GENERAL DECLARATION

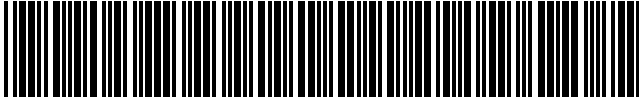
I, declare that in all statements contained herein and in any statement of accounts sent herewith I have to the best of my judgement and belief, given a full and true Return, and particulars of the whole of the Income from every source whatsoever required to be returned under the provisions of the Income Tax Act, Chap. 75:01 and the Finance Act, No. 14 of 1987

Given under my hand this day of, 2012.

.....
Signature of Taxpayer, or Authorized Agent

FOR OFFICIAL USE ONLY

Place Date Received Stamp Here



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2011

BIR Number

[Redacted box]

SCHEDULE A
EMPLOYER'S CONTRIBUTION TO APPROVED FUND OR CONTRACT [Section 134(6) OF THE INCOME TAX ACT]
(See Instruction No. 16)

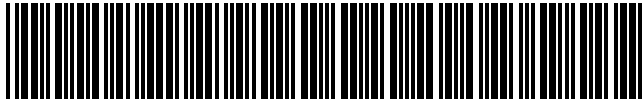
COMPUTATION TO DETERMINE WHETHER BENEFIT IS TAXABLE

To Nearest Dollar, Omit Cents/Commas

1.	Total Emolument Income at Page 1, Line 4 \$..... Plus Line 7 \$.....	...	...	...	...	[Redacted]
2.	Employer's Contributions to Approved Fund/Contract [TD4—Box 10, S. 134(6)]	...	...	...	...	[Redacted]
3.	Net Income from other sources Page 1, Line 9	...	...	...	...	[Redacted]
4.	Total Income (Sum of Lines 1 to 3)	...	...	...	...	[Redacted]
5.	(a) Tertiary Education Expenses (Limited to \$60,000 per household)	...	...	...	[Redacted]	[Redacted]
	(b) Employee's Total Contributions to Approved Pension Plan /Scheme / Deferred Annuity Plan	...	...	...	\$ [Redacted]	[Redacted]
	(c) National Insurance Payment [Total of (b) and (c) not to exceed \$30,000]	...	...	...	\$ [Redacted]	[Redacted]
	(d) First Time Acquisition of House (Limited to \$18,000)	...	...	...	...	[Redacted]
	(e) Covenanted Donation (See Page 2 Line 13)	...	...	...	...	[Redacted]
	TOTAL	...	...	...	...	[Redacted]
6.	Subtotal - (Line 4 minus Line 5)	...	...	...	...	[Redacted]
7.	Deduct Personal Allowance—\$60,000	...	...	...	...	[Redacted]
8.	Chargeable Income (Line 6 minus Line 7)	...	...	...	...	[Redacted]
9.	Compute 1/3 of Chargeable Income at Line 8 above, or 20% of Emolument Income at Page 1, Line 4 (whichever is greater)	...	...	...	...	[Redacted]
10.	(a) Contributions by Employer to Approved Fund/Contract [T.D.4—Box 10]	...	...	...	...	[Redacted]
	(b) Total Contributions by Employee to Approved Pension Plan/Scheme/Deferred Annuity Plan	...	...	...	...	[Redacted]
11.	Taxable Benefit. (Enter on Page 1, Line 8) (a) Where the total at Line 10 is greater than Line 9 the taxable benefit is the total at Line 10(a) (b) Where the total of Line 10 is less than the total of Line 9 the taxable benefit is "0"	...	...	...	...	[Redacted]

SCHEDULE B
ALIMONY OR MAINTENANCE PAYMENTS
(Attach Copy of Court Order/Deed of Separation and Proof of Payment)
(See Instruction No. 17)

Name of Spouse		Deed of Separation Court Order or Decree		If Spouse is a Non-Resident enter below WITHHOLDING TAX INFORMATION	
First Name	[Redacted]	Date (DDMMYYYY)	Registered No.	Date Paid (DDMMYYYY)	Receipt No.
Last Name	[Redacted]	Country of Origin	[Redacted]	Tax Paid	To Nearest Dollar, Omit Cents/Commas
Address of Spouse		BIR No. of Spouse		[Redacted]	
Street	[Redacted]				
City/Town	Country		[Redacted]		
MAINTENANCE OR ALIMONY PAID					
[Redacted]					
Enter on Page 2, Line 23					



BIR Number

**SCHEDULE C
TAX CREDITS**
(See Instruction No. 18)

VENTURE CAPITAL TAX CREDIT

(a)

Venture Capital Company in which investment held (1)	Amount of Investment (2) \$	Highest Marginal Rate of Tax in year (3) %	Venture Capital Credit (2) x (3) (4) \$	Credit Brought Forward (5) \$	Credit Claimed (6) \$	Credit to be Carried Forward (4) + (5) - (6) (7) \$
Enter total of Column (6) in Summary of Tax Credits, Line (a)						

CNG KIT AND CYLINDER TAX CREDIT

(b)

Motor Vehicle Registration No. (1)	Date of Purchase and Installation of CNG Kit and Cylinder (2)	Total Cost of CNG Kit and Cylinder (3) \$	Expenditure, 25% of Total Cost Col. (3) x 25% (4) \$	Tax Credit Claimed Limited up to Maximum of (\$10,000) (5) \$
Enter total of Column (5) in Summary of Tax Credits, Line (b)				

SOLAR WATER HEATING EQUIPMENT TAX CREDIT

(c)

Residential Address of Property (1)	Date of Purchase of Solar Water Heating Equipment (2)	Total Cost of Solar Water Heating Equipment (3) \$	Expenditure, 25% of Total Cost Col. (3) x (4) (4) \$	Tax Credit Claimed Limited up to Maximum of (\$10,000) (5) \$
Enter total of Column (5) in Summary of Tax Credits, Line (c)				

SUMMARY OF TAX CREDITS

To Nearest Dollar, Omit Cents/Commas

(a)	Venture Capital Tax Credit	<input style="width: 100%; height: 15px;" type="text"/>
(b)	CNG Kit and Cylinder Tax Credit	<input style="width: 100%; height: 15px;" type="text"/>
(c)	Solar Water Heating Equipment Tax Credit	<input style="width: 100%; height: 15px;" type="text"/>
Total of Tax Credits, Lines (a) to (c), Enter Total on Page 2, Line 27											<input style="width: 100%; height: 15px;" type="text"/>



BIR Number

SCHEDULE D
HEALTH SURCHARGE COMPUTATION
(See Instruction No. 19)

1. TO BE COMPLETED BY EMPLOYEES AND OTHER INDIVIDUALS WITH EMOLUMENT INCOME

To Nearest Dollar, Omit Cents/Commas

(1) Total emoluments (Page 1, Line 4 plus Line 8) \$ []

(2) Health Surcharge Liability (Rate x No. of weeks)

Table with 3 columns: Rate per week (1), No. of weeks (2), Liability (3). Rows for (a) Income more than \$469.99 per month or \$109.00 per week and (b) Income equal to or less than \$469.99 per month or \$109.00 per week.

(a) Income more than \$469.99 per month or \$109.00 per week

(b) Income equal to or less than \$469.99 per month or \$109.00 per week

(c) Total liability [Col. 3(a) + 3(b)]

(3) Health Surcharge Deducted per T.D.4 Certificate attached \$ []

(4) Total Quarterly Installments Paid (Page 11, Schedule R) \$ []

(5) Total Payments (Line 3 plus Line 4) \$ []

(6) If Line 2(c) is greater than Line 5 - Balance of Health Surcharge payable \$ []

(7) If Line 2(c) is less than Line 5 - Overpayment \$ []

2. TO BE COMPLETED BY INDIVIDUALS WITH INCOME OTHER THAN EMOLUMENT INCOME

To Nearest Dollar, Omit Cents/Commas

(1) Total Income (Page 1, Line 10) \$ []

(2) Health Surcharge Rate—Tick Appropriate Box

(a) (Income more than \$469.99 per month) ... [] \$8.25 per week

(b) (Income equal to or less than \$469.99 per month) ... [] \$4.80 per week

(3) Health Surcharge Liability [Line 2(a) or (b) x 52 weeks] \$ []

(4) Total Quarterly Installments Paid (Page 11, Schedule R) \$ []

(5) If Line 3 is greater than Line 4 - Balance of Health Surcharge payable \$ []

(6) If Line 3 is less than Line 4 - Overpayment \$ []



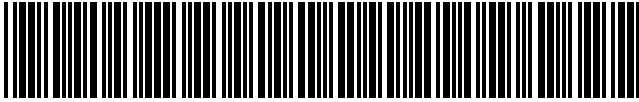
BIR Number

SCHEDULE E
INCOME FROM OTHER SOURCES

(See Instruction No. 20)

To Nearest Dollar, Omit Cents/Commas

Table with 3 columns: Sources of Income Other than Salary or Wages, Gross Receipts, and Net Profit/Gain or Loss. Rows include categories like Short-term Capital Gain, Farming, Professional Services, etc.



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[Redacted box]

SCHEDULE F

SHORT-TERM CAPITAL GAINS/LOSSES—Assets Disposed of within 12 months of acquisition
(See Instruction No. 21)

To Nearest Dollar, Omit Cents/Commas

Description of Asset (1)	Date Acquired (2)	Date of Disposal (3)	Cost Plus Allowable Expenses (4) \$	Disposal Proceeds (5) \$	Gain/Loss (6) \$

NET GAIN OR (LOSS)

Enter Gain or Loss on Page 6, Schedule E, Line 1

[Redacted box]

SCHEDULE G

STATEMENT OF LOSSES
(See Instruction Nos. 21 and 48)

To Nearest Dollar, Omit Cents/Commas

Source of Income (1)	Unrelieved Loss b/f (2)	Loss if any in Current Year (3)	Loss set off in Current Year (4)	Unrelieved Loss c/f (2) + (3) - (4) (5)
(a) Short—Term Capital Gains				
(b) Farming, Agriculture, Fishing, Forestry or other primary activity; Operation of mines or exploitation of natural or mineral resources; Any other Trade or Business				
(c) Professional, Vocational, Personal Services and Technical and Management Skills				
(d) Hotel Operations				

SCHEDULE H

COMPUTATION OF NET INCOME
(See Instruction Nos. 22 and 49)

To Nearest Dollar, Omit Cents/Commas

(a) Gain only on Line 3, Schedule E [Enter loss, if any, in Schedule G, Line (a), Column (3)]	[Redacted box]
(b) Profit (Loss) on Page 6, Schedule E, Line 22	[Redacted box]
(c) Sub Total [Line (a) plus Line (b)] [If the result is a loss enter (0)]	[Redacted box]
(d) Profit (Loss) on Page 6, Schedule E, Line 12	[Redacted box]
(e) Total Lines (c) and (d). [If the result is a Profit enter on Line (e) and transfer total to Page 1, Line 9] [If the result is a Loss enter (0) on Line (e)]	[Redacted box]

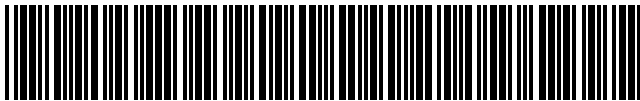
SCHEDULE I

STATEMENT OF FOREIGN INCOME IN TRINIDAD AND TOBAGO CURRENCY
(See Instruction No. 27)

To Nearest Dollar, Omit Cents/Commas

Name of Company or Person from whom Income is received (Group according to Company) (1)	Type of Income (Dividends, Interest, Royalties, Rents, etc.) (2)	Gross Income before deduction of Tax in Foreign Country (3) TT\$	Tax paid in Foreign Country (4) TT\$	Rate of Tax Paid in Foreign Country (5) %	Double Tax Relief (6) TT\$

Enter Total of Column (3) on Page 6, Schedule E, Line 16
Enter Total of Column (6) on Page 2, Line 27



BIR Number

[Redacted box]

SCHEDULE J
APPROVED COMMERCIAL FARMING
PROFIT (LOSS) ACCUMULATED DURING TAX EXEMPT PERIOD

(See Instruction No. 31)

To Nearest Dollar, Omit Cents/Commas

Table with 5 columns: (1) Date Approved, (2) Period of Exemption, (3) Profit (Loss) b/f, (4) Profit (Loss) Current Year, (5) Profit (Loss) c/f

On expiration of exempt period carry forward the Net Loss (if any) to Page 6, Schedule E, Line 4

SCHEDULE K
PAYMENTS MADE IN RESPECT OF RENTS

(See Instruction No. 46)

To Nearest Dollar, Omit Cents/Commas

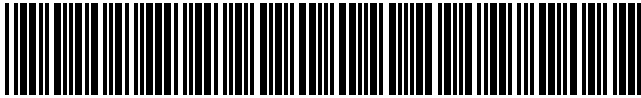
Form for Schedule K with fields: Name of Payee, Resident Status (Y/N), Amount Paid, Last Name, Address of Rental Property, Withholding Taxes Paid, Address of Payee, Street, City/Town

SCHEDULE L
DETAILS OF PROMOTIONAL EXPENSES INCURRED

(See Instruction No. 42)

To Nearest Dollar, Omit Cents/Commas

Table with 2 columns: CATEGORY OF EXPENSES, AMOUNT EXPENDED. Rows include (a) Advertising in foreign markets, (b) Providing promotional literature, (c) Trade fairs, (d) Overseas travel, (e) Free samples, (f) Inviting buyers, (g) Recruitment of sales personnel, (h) Foreign market surveys, TOTAL, and Calculate 150 per cent of amount expended.



BIR Number

[Redacted box]

SCHEDULE M
EXPENDITURE ON CONSTRUCTION OR SETTING UP OF
CHILD CARE OR HOMEWORK FACILITY
(See Instruction No. 43)

To Nearest Dollar, Omit Cents/Commas

Table with 5 columns: Location of Facility, Completion Date, Expenditure Incurred, Deduction Claimed, Expenditure over \$500,000

Enter Total of Column (4) up to a maximum amount of \$3,000,000 on Page 10, Schedule P, Line 24.
Enter Total of Column (5) in Schedule N, Line 4 in the appropriate class.

SCHEDULE N
INITIAL AND WEAR AND TEAR ALLOWANCE
(See Instruction No. 44)

To Nearest Dollar, Omit Cents/Commas

Table with 8 columns: Description, CLASS A, CLASS B, CLASS C, CLASS D, OTHER CLASS, TOTAL ALLOWANCES

SUMMARY OF ALLOWANCES

To Nearest Dollar, Omit Cents/Commas

Summary of allowances table with rows (a) through (f) and corresponding input boxes.

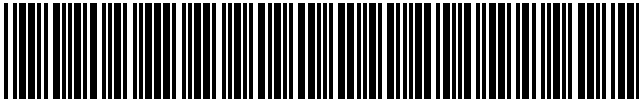
SCHEDULE O
BALANCING ALLOWANCES AND CHARGES
(See Instruction No. 45)

To Nearest Dollar, Omit Cents/Commas

Table with 5 columns: Description, Written Down Value, Disposal Proceeds, Balancing Charge, Balancing Allowance

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

Enter Total Balancing Charge on Page 10, Schedule P, Line 8.
Enter Total Balancing Allowance on Page 10, Schedule P, Line 27.



BIR Number

SCHEDULE P
PROFIT AND LOSS
COMPUTATION OF NET PROFIT OR LOSS
(See Instruction No. 39)

To Nearest Dollar, Omit Cents/Commas

Table with 31 rows for Income and Deductions, including items like Gross Receipts, Cost of Sales, Investment Income, and various expenses, with corresponding input boxes for values.



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2011

BIR Number

SCHEDULE Q
BALANCE SHEET
 (See Instruction No. 47)

BALANCE SHEET AS AT

To Nearest Dollar, Omit Cents/Commas

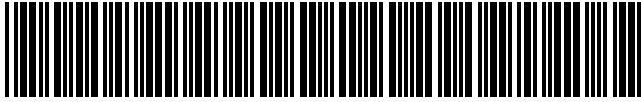
ASSETS	End of Accounting Period		Beginning of Accounting Period	
	(a) Amount	(b) Total	(a) Amount	(b) Total
1. Cash in hand and in bank	<input type="text"/>	...	<input type="text"/>
2. Accounts receivable and prepayments	<input type="text"/>	...	<input type="text"/>	
<i>Less:</i> Allowance for Bad Debt ...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Inventories	<input type="text"/>	...	<input type="text"/>
4. Loans Receivable	<input type="text"/>	...	<input type="text"/>
5. Other Current Assets	<input type="text"/>	...	<input type="text"/>
6. Investments - (<i>Submit Schedule</i>)	<input type="text"/>	...	<input type="text"/>
7. Assets subject to depreciation ...	<input type="text"/>	...	<input type="text"/>	
<i>Less:</i> Accumulated depreciation ...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Other Assets (<i>Submit Schedule</i>)	<input type="text"/>	...	<input type="text"/>
9. TOTAL ASSETS	<input type="text"/>	...	<input type="text"/>
LIABILITIES AND CAPITAL				
10. Accounts payable and accruals	<input type="text"/>	...	<input type="text"/>
11. Bank Overdraft	<input type="text"/>	...	<input type="text"/>
12. Current portion of long-term debt	<input type="text"/>	...	<input type="text"/>
13. Other Current Liabilities	<input type="text"/>	...	<input type="text"/>
14. Long-term debt	<input type="text"/>	...	<input type="text"/>
15. Other Liabilities—(<i>Submit Schedule</i>)	<input type="text"/>	...	<input type="text"/>
16. Capital Accounts	<input type="text"/>	...	<input type="text"/>
17. Profit and Loss Balance	<input type="text"/>	...	<input type="text"/>
18. TOTAL LIABILITIES AND CAPITAL	<input type="text"/>	...	<input type="text"/>

SCHEDULE R

INCOME TAX/BUSINESS LEVY/HEALTH SURCHARGE QUARTERLY INSTALLMENTS PAID - 2011
 (See Instruction No. 40)

To Nearest Dollar, Omit Cents/Commas

INCOME TAX (1)				BUSINESS LEVY (2)			HEALTH SURCHARGE (3)		
Quarters	Date Paid	Receipt No.	Amount \$	Date Paid	Receipt No.	Amount \$	Date Paid	Receipt No.	Amount \$
Jan.–Mar.									
April–June									
July–Sept.									
Oct.–Dec.									
Other payments in respect of 2011 liability									
Total (Enter amount on Page 2, Line 32)				TOTAL (Enter amount on, Page 2, Line 33)			TOTAL (Enter amount on, Page 5, Schedule D, Line 4, Section 1 or 2 as applicable)		



VI-11400ITRP13

2011

BIR Number

SCHEDULE T
STATEMENT OF BUSINESS LEVY LIABILITY AND COMPUTATION OF INTEREST ON SHORT PAYMENTS
(See Instruction No. 51)

Date of Commencement of Business []
(dd mm yyyy)

To Nearest Dollar, Omit Cents/Commas

Table with 4 columns: Quarters, Actual Gross Sales/Receipts for 2011, Business Levy Liability, Tax Offset. Rows include Jan. to Mar., April to June, July to Sept., Oct. to Dec., and TOTAL.

Table with 6 columns: Quarters, Business Levy Paid, Compute 90% of Column (3), *Compute 10% of Col (3) for the previous quarter, Minimum Payment Due, Short Payments Column (8) minus Columns (4) + (5). Rows include Jan. to Mar., April to June, July to Sept., Oct. to Dec., and TOTAL.

NOTE: Interest must be calculated at 20 per cent per annum from the date following the end of the quarter when the Business Levy Liability became due to 30th April, 2012 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).

Name of Taxpayer

B.I.R. Number

ATTACH ALL DOCUMENTS TO THIS PAGE

CHECKLIST OF ATTACHMENTS (IF APPLICABLE)

WHERE COPIES ARE REQUESTED PLEASE RETAIN ORIGINAL DOCUMENTS FOR AT LEAST SIX (6) YEARS

- Original stamped and initialed T.D.4 forms from employers and/or Pensions Department. If the full period of 52 weeks is not covered by the T.D.4 form(s), attach a statement giving reasons for the unaccounted period.**
- Statement in respect of allowable travelling expenses claimed supported by a letter from your employer certifying that you are required to travel in the course of your official duties. Where a dispensation has been granted attach a copy of the BIR's approval.**
- Attach Copy of Deed of Covenant Receipt and Copy of Deed**
- Attach original documents from insurance companies/financial institutions in respect of cancellation of Deferred Annuity/Savings Plan.**
- Tertiary education expenses – attach a detailed statement of expenses incurred together with copies of a letter of acceptance/registration from the institution, evidence of remittance of funds and receipts, bank drafts or cancelled cheques. [See Instruction No. 33]**
- First Time Acquisition of Home – (during period 1/1/11 – 31/12/15) Original Statement from Financial Institution/Affidavit confirming First Time Acquisition and date property was acquired. Completion certificate if property was constructed. Lands and Buildings Taxes Receipt.**
- Copy of Court Order/Deed of Separation showing Alimony and/or Maintenance payable. Attach proof of payment. Where payments are made in accordance with a Magistrates' Court Order for common-law relationship, attach a sworn Affidavit.**
- Original Certificates/statements for Deferred Annuity/Tax Savings Plans showing premiums paid and stating that the Plan was approved by the Board of Inland Revenue.**
- Copies of receipts of National Insurance payments made on behalf of domestic workers.**
- Conversion to guest house – approval from the Minister with the responsibility for Tourism, detailed statement of expenditure and Completion Certificate.**
- Original certificate of all interest/dividend received and tax deducted therefrom.**
- Venture Capital Company Tax Credit Certificate.**
- Attach Copy of Receipt of purchase and installation cost of CNG Kit and Cylinder and Certified Copy of ownership of vehicle.**
- Attach Copy of Receipt of purchase of Solar Water Heating Equipment.**
- Certificate of Pensions received from abroad – Certificate of Assessment.**
- For each source of income shown on Schedule E, Page 5 attach statement showing gross income, gross profit, expenses or deductions and net income. Attach a copy of partnership accounts if you are a partner. Also attach relevant certificates in respect of exempt income.**

**HAVE YOU SIGNED THE FORM?
GO BACK TO PAGE 2 – GENERAL DECLARATION**