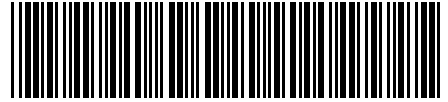




TAX RETURN FOR INSURANCE COMPANIES ONLY

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



11600INSP1

2011
FORM 600 INS

REGISTRATION INFORMATION CHANGE

CHANGE OF COMPANY INFORMATION

PLEASE PRINT IN BLOCK LETTERS NAME AND ADDRESS OF COMPANY IF DIFFERENT FROM ABOVE.

USE BLACK INK ONLY

NAME OF COMPANY

BIR File No.

NAME OF COMPANY (cont'd)

VAT Registration No.

ADDRESS OF COMPANY (STREET NO. AND NAME)

No. of Employees

CITY OR TOWN

Telephone No.

COUNTRY

Fax No. of Business

EMAIL ADDRESS

Telephone No. of Managing Director

ADDRESS OF REGISTERED OFFICE (STREET NO. AND NAME)

Fax No.

CITY OR TOWN

COUNTRY

Accounting Period

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

From

DD MM YYYY

CITY OR TOWN

COUNTRY

To

NATURE OF BUSINESS OR PRINCIPAL ACTIVITY

Date of Commencement

DD MM YYYY

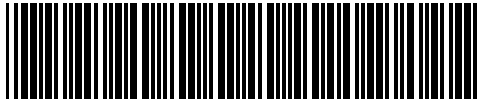
Tick the Appropriate Box

Branch of Non-Resident Company

Non-Resident Company

Mutual Company

Close Company



11600INSP2

2011
FORM 600 INS
BIR Number

COMPUTATION OF CORPORATION TAX/BUSINESS LEVY DUE AND PAID

RELIEFS

To Nearest Dollar - Omit Cents/Commas

Table with 3 columns: Line number, Description, and Amount. Rows include Chargeable Profits from Long-term Insurance Business, Tax Liability, Chargeable Profits from Other Than Long-term Business, etc.

PAYABLE/REFUND

Table with 3 columns: Line number, Description, and Amount. Rows include Corporation Tax Paid, Business Levy Paid, Total, and If Line 12(a) or 12(b) is greater than Line 15.

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)

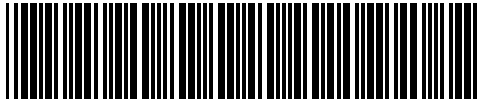
income or profits of _____
(Name of Company)

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 _____, 2012.

Signature of Director, or Authorized Agent

FOR OFFICIAL USE ONLY
Place Date Received Stamp Here



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

To Nearest Dollar, Omit Cents/Commas

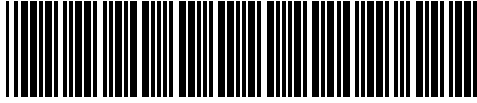
1. Income of Ordinary Life Assurance and Annuity Business (See Instruction No. 2)	...	...	...	...	...	1	<input type="text"/>
2. Less: Income of Approved Annuity Business (See Instruction No. 2)	...	...	...	...	...	2	<input type="text"/>
3. Less: Income exempt from tax in Trinidad and Tobago	...	...	...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

Tax Liability

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

Industrial Life Insurance Business

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



SCHEDULE A

LONG-TERM INSURANCE BUSINESS - Continued

TAX LIABILITY

To Nearest Dollar, Omit Cents/Commas

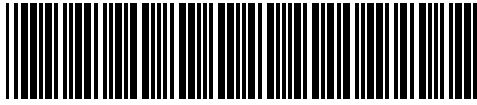
22. If Line 20 is equal to zero - Line 19 @ 15% or	...	...	...	...	...	...	...	...	...	22	<input type="text"/>
23. If Line 20 is equal to Line 19 - Line 20 @ 25% or	...	...	...	...	...	...	...	...	...	23	<input type="text"/>
24. If Line 20 is less than Line 19 - Line 20 @ 25% plus Line 21 @ 15% or	...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

Bond Investment Business

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

Tax Liability

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



Empty box for BIR Number

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

To Nearest Dollar, Omit Cents/Commas

Table with 4 columns: Description, ... , ... , ... , Amount. Rows 41-47: Income from Non-Cancellable Sickness and Accident Business, Less: Income exempt from tax in Trinidad and Tobago, Income before deduction of Expenses, Deduct: Investment Expenses of Non-Cancellable Sickness and Accident Insurance Business, Net Profits of Non-Cancellable Sickness and Accident Insurance Business, Less: Profits of Long-term Insurance Business transferred to shareholders' accounts, Difference.

Tax Liability

Table with 4 columns: Description, ... , ... , ... , Amount. Rows 48-53: Calculations for tax liability based on lines 45, 46, and 47, including Deduct (a) Tax Relief for losses brought forward, (b) Group Loss Relief, and (c) Sum of Lines [52(a) + 52(b)].

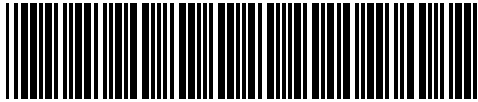
53. Tax Liability for Non-Cancellable Sickness and Accident Business (Enter on Page 5, Line 62) ... 53

Chargeable Profits of Long-term Insurance Business

Table with 4 columns: Description, ... , ... , ... , Amount. Rows 54-58: Ordinary Life Insurance and General Annuity Business, Industrial Life Insurance Business, Bond Investment Business, Non-Cancellable Sickness and Accident Business, Total [(Sum of Lines 54 to 57) (Enter on Page 2, Line 1)].

Summation of Tax Liability

Table with 4 columns: Description, ... , ... , ... , Amount. Rows 59-65: Tax Liability for Life Insurance and General Annuity Business, Tax Liability for Industrial Life Insurance Business, Tax Liability for Bond Investment Business, Tax Liability for Non-Cancellable Sickness and Accident Business, Total Tax Liability for Long-term Insurance Business, Deduct: Double Tax Relief on Long-term Insurance Business, Tax Liability on Long-term Insurance Business [(Line 63 minus Line 64) (Enter on Page 2, Line 2)].



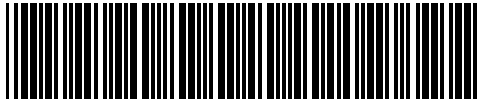
11600INSP6

2011
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	...	...	...	...	...	...	...	...	...	...	(a)	<input type="text"/>
(b) Net Premium Income (i.e. after deducting all premium expenses)	...	...	...	...	...	...	...	...	...	...	(b)	<input type="text"/>
(c) Total Line (a) plus (b)	...	...	...	...	...	...	...	...	...	...	(c)	<input type="text"/>
(d) Increase in Local Investments minus Interest required to mainain actuarial reserves						...	...	...	...	...	(d)	<input type="text"/>
(e) Re-invested locally $\frac{(d)}{(c)} \times (a)$	...	...	...	...	...	...	...	...	...	...	(e)	<input type="text"/>
(f) Deemed remitted profits for Withholding Tax, i.e. Line (a) minus Line (e) minus Interest required to maintain actuarial reserves	...	...	...	...	...	...	...	...	...	...	(f)	<input type="text"/>



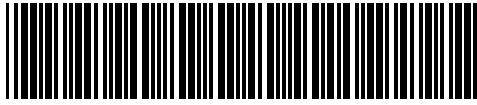
11600INSP7

2011
FORM 600 INS
BIR Number

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.



T1600INSP8

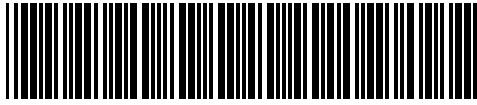
2011
FORM 600 INS
BIR Number

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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 Miscellaneous Expenses-Continued (27-40), Real Estate expenses, excluding Taxes (41-43), and Other Deductions (44-51).



SCHEDULE C
TAX COMPUTATION
INSURANCE BUSINESS OTHER THAN LONG-TERM

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

Deductions

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

Tax Liability

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



T1600INSP10

**2011
FORM 600 INS**

BIR Number

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

(See Instruction No. 5)

To Nearest Dollar-Omit Cents/Commas

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

Enter total of Column (9) on Page 7, Schedule B, Line 8 or Page 9, Schedule C, Line 10 as appropriate

**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)	Type of Income (Dividends, Interest, Royalties, Rent, Etc.)	% of the Issued Shares of Voting Stock of the Paying Company owned by the Receiving Company, where applicable	Gross Income before Deduction of Tax in Foreign Country	Tax paid in Foreign Country	Rate of Tax in Foreign Country	Relief Claimed Long-term	Relief Claimed Other Than Long-term
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		%	\$	\$	%	\$	\$
Enter sub-total of Column (7) on Page 5, Line 64. Enter sub-total of Column (8) on Page 9, Line 18.						TOTAL \$	



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

To Nearest Dollar-Omit Cents/Commas

Table with 5 columns: 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

Table with 8 columns: (1) Description, CLASS A (2), CLASS B (3), CLASS C (4), CLASS D (5), OTHER CLASS (6), TOTAL ALLOWANCES (7). Rows include Wear and Tear Rate, Written Down Value of Plant and Machinery, Additions, Subtotal, Initial Allowance, Disposal Proceeds, and Wear and Tear Allowance.

SUMMARY OF ALLOWANCES

To Nearest Dollar-Omit Cents/Commas

Summary of Allowances table with rows (a) through (f) and corresponding input fields for calculations.

Enter Line (c) on Page 8, Schedule B, Line 47 (b) or Page 9, Schedule C, Line 10 as appropriate.
Enter Line (f) on Page 8, Schedule B, Line 47 (a) or Page 9, Schedule C, Line 10 as appropriate.



11600INSP12

2011
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.



11600INSP13

2011
FORM 600 INS
BIR Number

**SCHEDULE I
VENTURE CAPITAL CREDIT**

(See Instruction No. 10)

To Nearest Dollar-Omit Cents/Commas

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)

To Nearest Dollar-Omit Cents/Commas

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)

To Nearest Dollar-Omit Cents/Commas

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			
TOTAL of Column (4) Limited to \$2,000,000			

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



11600INSP14

2011
FORM 600 INS
BIR Number

**SCHEDULE L
CATASTROPHE RESERVE FUND**

(See Instruction No. 13)

To Nearest Dollar-Omit Cents/Commas

1. Premiums Derived from Property Insurance Business	1	<input type="text"/>
2. Less: Reinsurance Premiums for Catastrophe Risk Reinsurance	2	<input type="text"/>
3. Net Written Premiums Income	3	<input type="text"/>
4. Contribution to Catastrophe Reserve Fund (Limited to 20 per cent of Line 3)	4	<input type="text"/>
Enter Allowable Credit on (Page 9, Schedule C, Line 13)	5	<input type="text"/>

**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) \$
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

(See Instruction No. 15)

To Nearest Dollar-Omit Cents/Commas

Claims paid during the year	1	<input type="text"/>
Less: Amount received under reinsurance	2	<input type="text"/>
Net Claims paid	3	<input type="text"/>
Add: Reserve for outstanding claims at the end of the period	4	<input type="text"/>
Less: Reserve for outstanding claims at the beginning of the period	5	<input type="text"/>
NET TOTAL CLAIMS (Transfer to Schedule C, Page 9, Line 9)	6	<input type="text"/>



11600INSP15

2011
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 2011 (Jan to 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"/>
April to June	<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"/>
TOTAL ...	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Business Levy Liability Enter on Page 2, Line 11.		<input type="text"/>	<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"/>	<input type="text"/>
April to June	<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"/>
TOTAL ...	<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, 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).



11600INSP16

2011
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 2011 (Jan.- Dec.) (2)	Green Fund Levy Liability [0.1% of Column (2)] (3)
Jan. to Mar.	<input type="text"/>	<input type="text"/>
Apr. to Jun.	<input type="text"/>	<input type="text"/>
July to Sept.	<input type="text"/>	<input type="text"/>
Oct. to Dec.	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>
Total Green Fund Levy Liability		<input type="text"/>

Quarters	Green Fund Levy Paid (4)	Compute 90% of Col (3) (5)	*Compute 10% of Col (3) for the previous quarter (6)	Minimum Payment Due Col (5) + (6) (7)	Short Payments Col (7) minus Col (4) (8)
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"/>
TOTAL ...	<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, 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).

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



11600INSP17

2011
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 2011

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.										
April - June										
July - Sept										
Oct - Dec										
Other Payments in respect of 2011 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

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