



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO
Ministry of Finance and the Economy, Inland Revenue Division
INDIVIDUAL INCOME TAX RETURN FOR 2014



V1-14400ITRP01

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.

2014
FORM 400 ITR

REGISTRATION INFORMATION CHANGE

- NAME CHANGE
 ADDRESS CHANGE

IDENTIFICATION SECTION

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

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

INCOME

TAX COMPUTATION SECTION

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 Instruction 13	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	Gross Amount Received on Cancellation of Approved Deferred Annuity/Pension Plan - See Instruction 15	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"/>





V1-14400ITRP02

2014

BIR Number

[Redacted BIR Number Box]

DEDUCTIONS

To Nearest Dollar, Omit Cents/Commas

11	Tertiary Education Expenses (Limited to \$60,000 per household) - See Instruction 21	11	
12	First- Time Acquisition of House in respect of Owner Occupied Property (Limited to \$18,000) - See Instruction 22	12	
13	Covenanted Donations (Limited to 15 % of Line 10)	13	
14	TOTAL NET INCOME (LINE 10 MINUS SUM OF LINES 11-13)	14	
15	Deduct Personal Allowance - \$60,000 - See Instruction 24	15	
16	ASSESSABLE INCOME (LINE 14 MINUS LINE 15)	16	
17	Approved Pension Plan/Scheme/Deferred Annuity Plan - See Instruction 25	17	
18	Contributions to Widows' and Ophans' Fund - See Instruction 25	18	
19	National Insurance Payments - 70 % Allowable - See Instruction 25	19	
20	SUM OF LINES 17 to 19 (LIMITED TO \$30,000)	20	
21	Employer's NIS Contributions paid for domestic workers - See Instruction 25	21	
22	Approved Capital Expenditure on Conversion of House to Approved Guest House - See Instruction 26	22	
23	Alimony/Maintenance Payment (Page 3, Schedule B) See Instruction 17	23	
24	TOTAL DEDUCTIONS (ADD LINES 20 TO 23)	24	
25	CHARGEABLE INCOME (LINE 16 MINUS LINE 24)	25	
26	TAX ON CHARGEABLE INCOME (25% OF LINE 25)	26	
27	Total Tax Credits and Double Taxation Relief (See Instructions 18 & 20) (Limited to amount on Line 26)	27	
28	Income Tax Liability (Line 26 minus Line 27)	28	
29	Business Levy Liability (Page 13, Schedule T)	29	
30	If Line 28 is greater than Line 29 - Enter Income Tax Liability from (LINE 28)	30	
31	If Line 28 is equal to or less than 29 - Enter Business Levy Liability from (LINE 29)	31	

PREPAYMENTS

32	Total Income Tax Quarterly Installments Paid (Page 11, Schedule R)	32	
33	Total Business Levy Quarterly Installments Paid (Page 11, Schedule R)	33	
34	Tax Deducted on Interest/Dividend Income Per Certificate/s - See Instruction 20	34	
35	Tax Deducted Re: Cancellation of Approved Deferred Annuity/Pension Plan	35	
36	INCOME TAX DEDUCTED (PAYE) PER TD4 CERTIFICATE/S ENCLOSED	36	
37	TOTAL PREPAYMENTS (LINES 32 to 36)	37	
38	If Line 30 or 31 is Greater than Line 37 - Enter Difference - Balance Payable	38	
39	If Line 30 or 31 is Less than Line 37 - Enter Difference - Refund	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, Chapter 75:01 and the Finance Act, No. 14 of 1987.

Given under my hand this day of 2015.

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

FOR OFFICIAL USE ONLY

BOJ



Place Date Received Stamp Here





V1-14400ITRP03

BIR Number 2014
[Redacted]

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, Sec. 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]
	(b) Employee's Total Contributions to Approved Pension Plan / Scheme / Deferred Annuity Plan	\$	[Redacted]		
	(c) National Insurance Payment [Total of (b) and (c) not to exceed \$30,000]	\$	[Redacted]		
	(d) First Time Acquisition of House (Limited to \$18,000)	...	...	...	[Redacted]
	(e) Covenanted Donation. (See Page 1, 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 [TD4 - 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 Date Paid (DD MM YYYY) [Redacted] Receipt No. [Redacted] Tax Paid To Nearest Dollar, Omit Cents/Commas [Redacted] MAINTENANCE OR ALIMONY PAID [Redacted] Enter on Page 2, Line 23
First Name	[Redacted]	Date (DD MM YYYY)	Registered No.	
Last Name	[Redacted]	Country of Origin		
Address of Spouse Street	[Redacted]			
City / Town	[Redacted]	BIR No. of Spouse	[Redacted]	





VI-14400ITRP04

BIR Number **2014**

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

(a) VENTURE CAPITAL TAX CREDIT

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

(b) CNG KIT AND CYLINDER TAX CREDIT

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

(c) SOLAR WATER HEATING EQUIPMENT TAX CREDIT

Residential Address of Property (1)	Date of Purchase of Solar Water Heating Equipment (2)	Total Cost of Solar Water Heating Equipment (3) \$	Tax Credit - 25% of Total Cost [Col. (3) x 25%] (4) \$	Tax Credit Claimed Limited to a 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 type="text"/>
(b) CNG Kit and Cylinder Tax Credit	<input type="text"/>
(c) Solar Water Heating Equipment Tax Credit	<input type="text"/>
Total of Tax Credits, Lines (a) to (c). Enter Total on Page 2, Line 27	<input type="text"/>





[Redacted box]

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

1. TO BE COMPLETED BY INDIVIDUALS WITH BOTH EMOLUMENT AND NON-EMOLUMENT INCOME

To Nearest Dollar, Omit Cents/Commas

(1) Total Income (Page 1, Line 4 plus Line 8 plus Line 9)..... \$ [Redacted box]

(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.

(c) Total Liability [Col. 3(a) + 3 (b)] \$ [Redacted box]

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

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

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

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

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

2. TO BE COMPLETED BY INDIVIDUALS WITH NON-EMOLUMENT INCOME ONLY

To Nearest Dollar, Omit Cents/Commas

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

(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] \$ [Redacted box]

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

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

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





V1-14400ITRP06

BIR Number **2014**

SCHEDULE E
INCOME FROM OTHER SOURCES
(See Instruction No. 20)

To Nearest Dollar, Omit Cents/Commas

	Sources of Income Other than Salary or Wages (1)	Gross Receipts (2) \$	Net Profit/Gain or Loss (Lines 1-12) Net Profit or Gain Only (Lines 13-20) (3) \$
1.	Short term Capital Gain/(Loss) (Page 7, Schedule F)		<input type="text"/>
2.	Unrelieved Loss brought forward		<input type="text"/>
3.	Net Total [Line 1 plus (minus) Line 2] Enter Gain Only on Page 7, Schedule H, Line (a)		<input type="text"/>
4.	Farming, Agriculture, Forestry, Fishing or Other Primary Activities	<input type="text"/>	<input type="text"/>
5.	Operation of mines or exploitation of natural or mineral resources	<input type="text"/>	<input type="text"/>
6.	Any other trade or business	<input type="text"/>	<input type="text"/>
7.	Net Total (Lines 4 to 6)		<input type="text"/>
8.	Unrelieved Loss b/f in respect of Lines 4,5,6		<input type="text"/>
9.	Net Total [Line 7 plus (minus) Line 8]		<input type="text"/>
10.	Professional, Vocational, Personal Services and Technical and Management Skills	<input type="text"/>	<input type="text"/>
11.	Unrelieved Loss b/f		<input type="text"/>
12.	Net Total [Line 10 plus (minus) Line 11] [Enter amount on Page 7, Schedule H, Line (d)]		<input type="text"/>
13.	Premiums, Commissions, Fees and Licence Charges from sources within Trinidad and Tobago (Gain Only)	<input type="text"/>	<input type="text"/>
14.	Interest and Discounts from sources within Trinidad and Tobago (Gain Only)	<input type="text"/>	<input type="text"/>
15.	Dividends and Other Distributions from sources within Trinidad and Tobago (Submit Schedule) (Gain Only)	<input type="text"/>	<input type="text"/>
16.	Foreign Income [Page 7, Schedule I] (Gain Only)		<input type="text"/>
17.	Annuities, Income from Trust, Deeds of Covenant, Alimony/ Maintenance from sources within Trinidad and Tobago (Gain Only)		<input type="text"/>
18.	Annuities, Income from Trust, Deeds of Covenant, Alimony/ Maintenance from sources outside Trinidad and Tobago (Gain Only)	<input type="text"/>	<input type="text"/>
19.	Rents, premiums, etc from Letting of Property (Profit Only) If exempt, Enter: First Year of Exemption <input type="text"/> Exemption Certificate No. <input type="text"/> Rent Restriction Reg. No. <input type="text"/>	<input type="text"/>	<input type="text"/>
20.	Royalties from sources within Trinidad and Tobago (Gain Only)	<input type="text"/>	<input type="text"/>
21.	Net Total (Lines 13 to 20)		<input type="text"/>
22.	Net Total (Line 9 plus Line 21) [Enter amount on Page 7, Schedule H, Line (b)]		<input type="text"/>
23.	Tax exempt - Approved Commerical Farming	<input type="text"/>	<input type="text"/>
24.	Tax Exempt - Other Income	<input type="text"/>	<input type="text"/>





VI-14400ITRP07

2014

BIR Number

[Redacted box]

SCHEDULE F
SHORT TERM CAPITAL GAINS/LOSSES - Assets Disposed of within 12 months of acquisition
(See Instruction No. 20)

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. 20 and 36)

To Nearest Dollar, Omit Cents/Commas

Sources 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 [Cols. (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. 20 and 37)

To Nearest Dollar, Omit Cents/Commas

(a) Gain only on Line 3, Schedule E [Enter loss, if any, in Schedule G, Line (a), Column (5)]	[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. 20)

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





V1-14400ITRP08

BIR Number 2014

SCHEDULE J

APPROVED COMMERCIAL FARMING
PROFIT (LOSS) ACCUMULATED DURING TAX EXEMPT PERIOD
(See Instruction No. 20)

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. Includes input fields for dates and dollar amounts.

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. 34)

To Nearest Dollar, Omit Cents/Commas

Form for Schedule K with sections: Name of Payee, Resident Status (Yes/No), Address of Rental Property, Address of Payee, Amount Paid, and Withholding Taxes Paid.

SCHEDULE L
DETAILS OF PROMOTIONAL EXPENSES INCURRED
(See Instruction No. 30)

To Nearest Dollar, Omit Cents/Commas

Table for Schedule L with columns: CATEGORY OF EXPENSES and AMOUNT EXPENDED \$. Lists categories (a) through (h) and a TOTAL row.





VI-14400ITRP09

BIR Number 2014

[Redacted box]

SCHEDULE M
EXPENDITURE ON CONSTRUCTION OR SETTING UP OF
CHILD CARE OR HOME WORK FACILITY

(See Instruction No. 31)

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 maximum 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. 32)

To Nearest Dollar, Omit Cents/Commas

Table with 7 columns: CLASS A, CLASS B, CLASS C, CLASS D, OTHER CLASS, TOTAL ALLOWANCES. Rows include Wear and Tear Rates, Written Down Value of Plant and Machinery, etc.

SUMMARY OF ALLOWANCES

To Nearest Dollar, Omit Cents/Commas

(a) Initial allowance [Line 6, Column (7)]
(b) Less amount relating to non-qualifying use
(c) Initial Allowance claimed [(a)-(b)]
(d) Wear and Tear Allowance (Line 10, Column 7)
(e) Less amount relating to non-qualifying use or time
(f) Wear and Tear Allowance claimed [(d)-(e)]

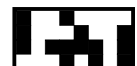
SCHEDULE O
BALANCING ALLOWANCES AND CHARGES

(See Instruction No. 33)

To Nearest Dollar, Omit Cents/Commas

Table with 5 columns: Written Down Value Prior to Disposal, Disposal Proceeds, Balancing Charge, Balancing Allowance. Rows include CLASS A, CLASS B, CLASS C, CLASS D, OTHER CLASS, TOTAL.

*Balancing Allowance is granted only when there is no asset 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





V1-14400ITRP10

BIR Number 2014

[Redacted box]

SCHEDULE P
PRIFIT AND LOSS
COMPUTATION OF NET PROFIT OR LOSS
(See Instruction No.27)

Table with columns for line numbers, descriptions, and values. Sections include INCOME (lines 1-12) and DEDUCTIONS (lines 13-31). Includes a transfer instruction at the bottom: 'Transfer to Page 6, Schedule E, Line 6, Column (3)'.





[Redacted box]

SCHEDULE Q
BALANCE SHEET
(See Instruction No.35)

BALANCE SHEET AS AT

To Nearest Dollar, Omit Cents/Commas

Table with columns: ASSETS, End of Accounting Period (a) Amount, (b) Total, Beginning of Accounting Period (a) Amount, (b) Total. Rows include Cash in hand and in bank, Accounts receivable and prepayments, Inventories, Loans Receivable, Other Current Assets, Investments, Assets subject to depreciation, Other Assets, and TOTAL ASSETS.

LIABILITIES AND CAPITAL

Table with columns: Description, (a) Amount, (b) Total. Rows include Accounts payable and accruals, Bank Overdraft, Current portion of long-term debt, Other Current Liabilities, Long-term debt, Other Liabilities, Capital Accounts, Profit and Loss Balance, and TOTAL LIABILITIES AND CAPITAL.

SCHEDULE R
INCOME TAX/BUSINESS LEVY/HEALTH SURCHARGE QUARTERLY INSTALLMENTS PAID - 2014
(See Instruction No.28)

To Nearest Dollar, Omit Cents/Commas

Table with columns: INCOME TAX (1), BUSINESS LEVY (2), HEALTH SURCHARGE (3). Sub-columns include Date Paid and Amount \$. Rows include quarters (Jan. to Mar., April to June, July to Sept., Oct. to Dec.), Other payments in respect of 2014 liability, and TOTAL.





VI- 14400ITRP12

BIR Number **2014**

SCHEDULE S
COMPUTATION OF INTEREST DUE ON UNDERPAYMENT OF INCOME
TAX/QUARTERLY INSTALLMENTS
(See Instruction No.8)

To Nearest Dollar, Omit Cents/Commas

Chargeable Income (a) Income Year 2014\$
(b) Income Year 2013\$

Calculation of Interest where (a) exceeds (b):

(1) Tax Liability for 2014 (Page 2, Line 28)	\$	<input type="text"/>
(2) Tax Liability for 2013	\$	<input type="text"/>
(3) Increase in Tax Liability (Line 1 minus Line 2)	\$	<input type="text"/>
(4) Enter 80 % of increase	\$	<input type="text"/>
(5) Total Installments payable (line 2 plus Line 4)	\$	<input type="text"/>
(6) Total Installments paid [Page 11, Schedule R, Column (1)]	\$	<input type="text"/>
(7) Underpayment (Line 5 minus Line 6)	\$	<input type="text"/>
(8) * Interest on underpayment	\$	<input type="text"/>

* **NOTE:** Interest must be calculated at 20 percent per annum from 1st January, 2015 to 30th April, 2015 or date of payment whichever is the earlier.





VI- 14400ITRP13

BIR Number 2014

[Redacted BIR Number]

SCHEDULE T
STATEMENT OF BUSINESS LEVY LIABILITY AND COMPUTATION OF INTEREST ON SHORT PAYMENTS
(See Instruction No. 39)

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

To Nearest Dollar, Omit Cents/Commas

Table with 4 columns: Quarters (1), Actual Gross Sales/Receipts for 2014 (2), Business Levy Liability [0.2% of Column (2)] (3), Tax Offset [Limited to amount in column (3)] (4). Rows include Jan. to Mar., April to June, July to Sept., Oct. to Dec., and a TOTAL row.

Table with 6 columns: Quarters (1), Business Levy Paid (5), Compute 90% of Col (3) (6), *Compute 10% of Col (3) for the previous quarter (7), Minimum Payment Due Cols (6) + (7) (8), Short Payments Col (8) minus Cols (4) + (5) (9). Rows include Jan. to Mar., April to June, July to Sept., Oct. to Dec., and a TOTAL row.

NOTE: Interest must be calculated at 20 percent per annum from the date following the end of the quarter when the Business Liability became due to 30th April, 2015 or to 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.
- Proof of Payment of Covenanted Donations (Copy of Official Receipt from Approved Charity).
- 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 example receipts, bank drafts or cancelled cheques. (See Instruction No. 21).
- First Time Acquisition of Home – (with effect from January 1, 2011) Original Statement from Financial Institution/Sworn Affidavit confirming First Time Acquisition and date property was acquired. Completion certificate if property was constructed. Lands and Buildings Taxes Receipt. (Copy of Certificate of Assessment if applicable).
- 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.
- Copy of Receipt of purchase and installation cost of CNG Kit and Cylinder and Certified Copy of ownership of vehicle.
- 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, include - statement showing gross income, gross profit, expenses or deductions and net income, a copy of partnership accounts (if you are a partner) and relevant certificates in respect of exempt income.

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