



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



VI-14440EMOP01

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.

PLEASE PRINT IN BLOCK LETTERS

USE BLACK INK ONLY

REGISTRATION INFORMATION CHANGE

- NAME CHANGE
 ADDRESS CHANGE

2014
FORM 440 EMO

IDENTIFICATION SECTION

LAST NAME		BIR File No.	
FIRST NAME		Spouse's BIR File No.	
MIDDLE NAME		Date of Birth (DD MM YYYY)	
PRESENT ADDRESS (STREET NO. AND NAME)			
CITY OR TOWN		National Identification No.	
COUNTRY		Driver's Permit No.	
MAILING ADDRESS IF DIFFERENT FROM ABOVE (STREET NO. AND NAME)			
CITY OR TOWN		PIN No. (Electronic Birth Certificate No.)	
COUNTRY		Please tick the appropriate box	
OCCUPATION OR PROFESSION		<input type="checkbox"/> Resident <input type="checkbox"/> Male	
EMAIL ADDRESS		<input type="checkbox"/> Non-Resident <input type="checkbox"/> Female	
TELEPHONE/MOBILE CONTACT #			

TAX COMPUTATION SECTION

INCOME

To Nearest Dollar, Omit Cents/Commas

1	Income from Employment (Government and Non-Government) as per TD4 enclosed	1	
2	Retirement Severance Benefit - See Instructions 13	2	
3	Pensions from sources within/outside T&T	3	
4	TOTAL EMOLUMENT INCOME (SUM OF LINES 1 TO 3)	4	
5	Less Travelling Expenses - See Instruction 12	5	
6	NET EMPLOYMENT INCOME (LINE 4 MINUS LINE 5)	6	
7	Gross Amount Received on Cancellation of Approved Deferred Annuity/Pension Plan - See Instruction 15	7	
8	Employer's Contribution to Approved Deferred Annuity/Pension Plan (Taxable Benefit) Complete Schedule A	8	
9	TOTAL INCOME (SUM of LINES 6 to 8)	9	

DEDUCTIONS

10	Tertiary Education Expenses (limited to \$60,000 per household) See Instruction 21	10	
11	First-Time Acquisition of House in respect of Owner Occupied Property (Limited to \$18,000) See Instruction 22	11	
12	Covenanted Donations (Limited to 15 % of Line 9) - See Instruction 23	12	
13	TOTAL NET INCOME (LINE 9 MINUS SUM OF LINES 10 -12)	13	
14	Deduct Personal Allowance - \$60,000 - See Instruction 24	14	
15	ASSESSABLE INCOME (LINE 13 MINUS LINE 14)	15	
16	Approved Pension Plan/Scheme/Deferred Annuity Plan - See Instruction 25	16	
17	Contributions to Widows' and Orphans' Fund - See Instruction 25	17	
18	National Insurance Payments - 70% Allowable - See Instruction 25	18	
19	SUM OF LINES 16 TO 18 (LIMITED TO \$30,000)	19	





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DEDUCTIONS CONT'D

20	Employer's NIS Contributions paid for domestic workers - See Instruction 25	20	<input type="text"/>
21	Alimony/Maintenance Payment [(Page 3, Schedule B) See Instruction 17 (Please complete Schedule B)]	21	<input type="text"/>
22	TOTAL DEDUCTIONS (ADD LINES 19 TO 21)	22	<input type="text"/>
23	CHARGEABLE INCOME (LINE 15 MINUS LINE 22)	23	<input type="text"/>
24	TAX ON CHARGEABLE INCOME (25% OF LINE 23)	24	<input type="text"/>
25	Total Tax Credits and Double Taxation Relief [(See Instructions 18 & 20) (Please complete Schedule C)] TOTAL TAX CREDIT AMOUNT LIMITED TO LINE 24	25	<input type="text"/>
26	Income Tax Liability (Line 24 minus Line 25)	26	<input type="text"/>

PREPAYMENTS

27	Tax Deductions Re: Cancellation of Approved Deferred Annuity/Pension Plan	27	<input type="text"/>
28	INCOME TAX DEDUCTED (PAYE) PER T.D. 4 CERTIFICATE/S ENCLOSED	28	<input type="text"/>
29	TOTAL PREPAYMENTS (LINES 27 TO 28)	29	<input type="text"/>
30	If Line 26 is Greater than Line 29 - Enter Difference - Balance Payable	30	<input type="text"/>
31	If Line 26 is Less than Line 29 - Enter Difference - Refund	31	<input type="text"/>

HEALTH SURCHARGE COMPUTATION

32		Rate per week (1)	No. of weeks (2)	Liability (3)
	(a) Income more than \$469.99 per month or \$109.00 per week	\$ 8.25	<input type="text"/>	\$ <input type="text"/>
	(b) Income equal to or less than \$469.99 per month or \$109.00 per week	\$ 4.80	<input type="text"/>	\$ <input type="text"/>
	(c) Total Liability [Col. 3(a) + 3(b)]			\$ <input type="text"/>
	(d) Health Surcharge Deducted per T.D.4 Certificate/s attached			\$ <input type="text"/>
	(e) If Line (c) is greater than Line (d) - Balance of Health Surcharge payable			\$ <input type="text"/>
	(f) If Line (c) is less than Line (d) - Overpayment			\$ <input type="text"/>

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

Place Date Received Stamp Here





BIR NO.

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 \$.....	<input type="text"/>
2	Employer's Contributions to Approved Fund/Contract [TD4 - Box 10, Sec. 134(6)]	<input type="text"/>
3	Total Income (Sum of Lines 1 to 2)	<input type="text"/>
4	(a) Tertiary Education Expenses (limited to \$60,000 per household)	<input type="text"/>	<input type="text"/>
	(b) Employee's Total Contributions to Approved Pension Plan / Scheme / Deferred Annuity Plan	\$	<input type="text"/>	
	(c) National Insurance Payment [Total of (b) and (c) not to exceed \$30,000]	\$	<input type="text"/>	
	(d) First Time Acquisition of House (limited to \$18,000)	<input type="text"/>	
	(e) Covenanted Donation. (See Page 1 Line 12)	<input type="text"/>	
	TOTAL	<input type="text"/>
5	Subtotal - (Line 3 minus Line 4)	<input type="text"/>
6	Deduct Personal Allowance - \$60,000	<input type="text"/>
7	Chargeable Income (Line 5 minus Line 6)	<input type="text"/>
8	Compute 1/3 of Chargeable Income at Line 7 above, or 20% of Emolument Income at Page 1, Line 4 (whichever is greater)	<input type="text"/>
9	(a) Contributions by Employer to Approved Fund / Contract (TD4 - Box 10)	<input type="text"/>	<input type="text"/>
	(b) Total Contributions by Employee to Approved Pension Plan/Scheme/Deferred Annuity Plan	<input type="text"/>	
10	Taxable Benefit (Enter on Page 1, line 8) (a) Where the total at Line 9 is greater than Line 8 the taxable benefit is the total at Line 9(a) (b) Where the total of Line 9 is less than the total of Line 8 the taxable benefit is "0"	<input type="text"/>

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	<input type="text"/>	Date (DDMMYYYY)	Registered No.	Date Paid (DDMMYYYY)	<input type="text"/>
Last Name	<input type="text"/>	Country of Origin		Receipt No.	<input type="text"/>
Address of Spouse	BIR No. of Spouse		<input type="text"/>	Tax Paid To Nearest Dollar, Omit Cents/Commas	<input type="text"/>
Street	<input type="text"/>			MAINTENANCE OR ALIMONY PAID	<input type="text"/>
City / Town	Country	<input type="text"/>		Enter on Page 2, line 21	





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

VENTURE CAPITAL TAX CREDIT

(a)

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)						

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) \$	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)				

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) \$	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 style="width: 100%; height: 20px;" type="text"/>
(b) CNG Kit and Cylinder Tax Credit	<input style="width: 100%; height: 20px;" type="text"/>
(c) Solar Water Heating Equipment Tax Credit	<input style="width: 100%; height: 20px;" type="text"/>
Total of Tax Credits, Lines (a) to (c). Enter Total on page 2, Line 25	<input style="width: 100%; height: 20px;" type="text"/>



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**