



V1-17400ITRP01

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.

2017 FORM 400 ITR

| REGISTRATION INFORMATION CHANGE | |
|---------------------------------|----------------|
| <input type="checkbox"/> | NAME CHANGE |
| <input type="checkbox"/> | 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 style="width: 95%;" type="text"/> | | <input style="width: 95%;" type="text"/> |
| FIRST NAME | MIDDLE NAME | Spouse's BIR File No. |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| PRESENT ADDRESS (STREET NO. AND NAME) | | PIN No. (Electronic Birth Certificate No.) |
| <input style="width: 95%;" type="text"/> | | <input style="width: 95%;" type="text"/> |
| CITY OR TOWN | COUNTRY | VAT Registration No. |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| MAILING ADDRESS IF DIFFERENT FROM ABOVE (STREET NO. AND NAME) | | NIS No. |
| <input style="width: 95%;" type="text"/> | | <input style="width: 95%;" type="text"/> |
| CITY OR TOWN | COUNTRY | Driver's Permit No. |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| OCCUPATION OR PROFESSION | | National Identification No. |
| <input style="width: 95%;" type="text"/> | | <input style="width: 95%;" type="text"/> |
| EMAIL ADDRESS | | Date of Birth (DD MM YYYY) |
| <input style="width: 95%;" type="text"/> | | <input style="width: 95%;" 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 style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| TRADE NAME (IF ANY) SELF EMPLOYED ONLY | TYPE OF BUSINESS | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| ADDRESS OF BUSINESS (STREET NO. AND NAME) | | |
| <input style="width: 95%;" type="text"/> | | |
| CITY OR TOWN | COUNTRY | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |

TAX COMPUTATION SECTION

| INCOME | | To Nearest Dollar, Omit Cents/Commas | |
|--------|--|--------------------------------------|--|
| 1 | Income from Employment (Government and Non-Government) - See Instruction 12(a) | 1 | <input style="width: 95%;" type="text"/> |
| 2 | Retirement Severance Benefit - See Instruction 13 | 2 | <input style="width: 95%;" type="text"/> |
| 3 | Pensions from sources within/outside T&T - See Instruction 14 | 3 | <input style="width: 95%;" type="text"/> |
| 4 | TOTAL EMOLUMENT INCOME (SUM OF LINES 1 TO 3) | 4 | <input style="width: 95%;" type="text"/> |
| 5 | Less Travelling Expenses - See Instruction 12(b) | 5 | <input style="width: 95%;" type="text"/> |
| 6 | NET EMPLOYMENT INCOME (LINE 4 MINUS LINE 5) | 6 | <input style="width: 95%;" type="text"/> |
| 7 | Gross Amount Received on Cancellation of Approved Deferred Annuity/Pension Plan - See Instruction 15 | 7 | <input style="width: 95%;" type="text"/> |
| 8 | Employer's contribution to Approved Deferred Annuity/Pension Plan (Taxable Benefit) Section 134 (6) | 8 | <input style="width: 95%;" type="text"/> |
| 9 | Net Income from Other Sources (Page 6, Schedule E) | 9 | <input style="width: 95%;" type="text"/> |
| 10 | TOTAL INCOME (SUM of LINES 6 TO 9) | 10 | <input style="width: 95%;" type="text"/> |





VI-17400ITRP02

BIR Number 2017

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, and various deductions leading to Chargeable Income and Tax Liability.

PREPAYMENTS

Table with 3 columns: Line number, Description, and Amount. Rows include Total Income Tax Quarterly Installments Paid, Total Business Levy Quarterly Installments Paid, and Total Prepayments.

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 2018.

PLEASE SIGN RETURN

Signature of Taxpayer or Authorized Agent

Failure to sign this return would result in a delay in processing.

FOR OFFICIAL USE ONLY

Place Date Received Stamp Here





V1-17400ITRP03

BIR Number 2017

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

Table with 11 rows for Schedule A computation, including fields for Total Emolument Income, Employer's Contributions, Net Income, Total Income, and Taxable Benefit.

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

Form for Schedule B with sections for Name of Spouse, Deed of Separation / Court Order or Decree, and Withholding Tax Information.





V1-17400ITRP04

BIR Number

2017

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SCHEDULE C TAX CREDITS (See Instruction No. 18)

VENTURE CAPITAL TAX CREDIT

Table (a) for Venture Capital Tax Credit with columns for company name, investment amount, marginal rate, credit brought forward, credit claimed, and credit to be carried forward.

CNG KIT AND CYLINDER TAX CREDIT

Table (b) for CNG Kit and Cylinder Tax Credit with columns for motor vehicle registration, purchase date, total cost, tax credit percentage, and tax credit claimed.

SOLAR WATER HEATING EQUIPMENT TAX CREDIT

Table (c) for Solar Water Heating Equipment Tax Credit with columns for residential address, purchase date, total cost, tax credit percentage, and tax credit claimed.

NATIONAL TAX FREE SAVINGS BONDS TAX CREDIT (Limited to 25 % of \$5,000 - Face Value)

Table (d) for National Tax Free Savings Bonds Tax Credit with columns for purchase date, bond certificate number, maturity date, face value, tax credit limited to 25% of \$5,000, tax credit b/f, tax credit claimed for 2017, and unclaimed tax credit.

SUMMARY OF TAX CREDITS

To Nearest Dollar, Omit Cents/Commas

Summary table with rows for (a) Venture Capital Tax Credit, (b) CNG Kit and Cylinder Tax Credit, (c) Solar Water Heating Equipment Tax Credit, (d) National Tax Free Savings Bonds Tax Credit, and a total row for all credits.





V1-17400ITRP05

BIR Number 2017

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)..... \$

(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 Line (a) + (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 -Health Surcharge Payable \$
(7) If Line 2(c) is less than Line 5 - Health Surcharge Overpayment \$

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

To Nearest Dollar, Omit Cents/Commas

(1) Total Income (Page 1, Line 9) \$

(2) Health Surcharge Computation - (Rate x No. of weeks)

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

(3) Health Surcharge Liability [Col. 3 Line (a) or (b)] \$
(4) Total Quarterly Installments Paid (Page 11, Schedule R) \$
(5) If Line 3 is greater than Line 4 - Health Surcharge Payable \$
(6) If Line 3 is less than Line 4 - Health Surcharge Overpayment \$





V1-17400ITRP06

BIR Number **2017**

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 (Sum of Lines 4 to 6, Col. (3) Only) | | <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"/> |
| 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"/> | | |
| 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"/> |





V1-17400ITRP07

BIR Number

2017

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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 | | | | |
| (e) Rent, Premiums, etc.from Letting of Property | | | | |

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 28





V1-17400ITRP08

2017

BIR Number

[Redacted box]

SCHEDULE J
APPROVED COMMERCIAL FARMING
PROFIT (LOSS) ACCUMULATED DURING TAX EXEMPT PERIOD
[See Instruction No. 20 (xi)]

To Nearest Dollar, Omit Cents/Commas

| Date Approved (1) | Period of Exemption (2) | Profit (Loss) b/f (3) | Profit (Loss) Current Year (4) | Profit (Loss) c/f (5) |
|----------------------|----------------------------|--------------------------|-----------------------------------|--------------------------|
| DD/MM/YYYY | DD/MM/YYYY to DD/MM/YYYY | \$ | \$ | \$ |
| [Redacted] | [Redacted] to [Redacted] | [Redacted] | [Redacted] | [Redacted] |

On expiration of exempt period carry forward the Net Loss (if any) to Page 6, Schedule E, Line 4, Col. (3)

SCHEDULE K
PAYMENTS MADE IN RESPECT OF RENTS
(See Instruction No. 34)

To Nearest Dollar, Omit Cents/Commas

| | | | | | |
|-------------------------|------------|---|------------------------|----------------------------------|--|
| Name of Payee | | Resident Status (Yes/No) | | Amount Paid \$ | |
| First Name | [Redacted] | <input type="checkbox"/> Y <input type="checkbox"/> N | (Tick Appropriate Box) | [Redacted] | |
| Last Name | [Redacted] | | | Withholding Taxes Paid \$ | |
| Address of Payee | | Address of Rental Property | | [Redacted] | |
| Street | [Redacted] | Street | [Redacted] | | |
| City/Town | [Redacted] | City/Town | [Redacted] | | |

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

To Nearest Dollar, Omit Cents/Commas

| CATEGORY OF EXPENSES | | AMOUNT EXPENDED \$ |
|---|---|-----------------------|
| (a) | Advertising in foreign markets | [Redacted] |
| (b) | Providing promotional literature for overseas distribution | [Redacted] |
| (c) | The participation in trade fairs, trade missions and similar promotional activities | [Redacted] |
| (d) | Overseas travel for the purpose of conducting promotional activities | [Redacted] |
| (e) | Providing free samples and technical information on products | [Redacted] |
| (f) | Inviting buyers to Trinidad and Tobago | [Redacted] |
| (g) | The recruitment of specialist sales personnel operating in foreign markets for a maximum of two years | [Redacted] |
| (h) | Conducting foreign market surveys | [Redacted] |
| TOTAL | | [Redacted] |
| Calculate 150% of amount expended (Enter on Page 10, Schedule P, Line 23) | | [Redacted] |





V1-17400ITRP09

BIR Number

2017

[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

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

Enter Total of Column (4) up to a 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

| | | CLASS A | CLASS B | CLASS C | CLASS D | OTHER CLASS | TOTAL ALLOWANCES |
|-----|---|---------|---------|---------|---------|-------------|------------------|
| (1) | | (2) | (3) | (4) | (5) | (6) | (7) |
| 1. | Wear and Tear Rates | 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 (Line 2 to 4) | | | | | | |
| 6. | Initial Allowance | | | | | | |
| 7. | Subtotal (Line 5 minus Line 6) | | | | | | |
| 8. | Disposal Proceeds | | | | | | |
| 9. | Subtotal (Line 7 minus Line 8. If Line 8 is greater than Line 7 Enter 0) | | | | | | |
| 10. | Wear and Tear [(Line 1 x Line 9) plus Line 6] | | | | | | |
| 11. | Written Down Value at the 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)] | [Redacted] | |
| (b) | Less amount relating to non-qualifying use | [Redacted] | |
| (c) | Initial Allowance claimed [(a) minus (b)] (Enter on Page 10, Schedule P, Line 25) | | [Redacted] |
| (d) | Wear and Tear Allowance (Line 10, Column 7 minus Line 6, Column 7) | [Redacted] | |
| (e) | Less amount relating to non-qualifying use or time | [Redacted] | |
| (f) | Wear and Tear Allowance claimed [(d) minus (e)] (Enter on Page 10, Schedule P, Line 26) | | [Redacted] |

**SCHEDULE O
BALANCING ALLOWANCES AND CHARGES**

(See Instruction No. 33)

To Nearest Dollar, Omit Cents/Commas

| (1) | Written Down Value Prior to Disposal (2) \$ | Disposal Proceeds (3) \$ | Balancing Charge [Where Col. (3) is greater than Col. (2), Col. (3) minus Col. (2)] (4) \$ | * Balancing Allowance [Where Col. (2) is greater than Col. (3), Col.(2) minus Col.(3)] (5) \$ |
|-------------|--|--------------------------------|---|--|
| CLASS A | | | | |
| CLASS B | | | | |
| CLASS C | | | | |
| CLASS D | | | | |
| OTHER CLASS | | | | |
| TOTAL | [Redacted] | [Redacted] | [Redacted] | [Redacted] |

*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





VI-17400ITRP10

BIR Number 2017

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

Table with 4 columns: Line Number, Description, Column Number, and Amount. It is divided into two main sections: INCOME (lines 1-12) and DEDUCTIONS (lines 13-31). The INCOME section includes Gross Receipts, Cost of Sales, Gross Profits, Investment Income, Interest, Rents, Royalties, Balancing Charge, Other Income, and TOTAL INCOME. The DEDUCTIONS section includes Commissions, Salaries, Severance Pay, Repairs, Bad Debts, Entertainment, Rates and Taxes, Advertising, Motor Vehicle Expenses, Interest, Promotional Expenses, Child Care, Initial Allowance, Wear and Tear, Balancing Allowance, Rentals, and Other Business Expenses. The final line (31) is NET PROFITS, which is transferred to Page 6, Schedule E, Line 6, Column (3).





VI- 17400ITRP11

BIR Number **2017**

**SCHEDULE Q
BALANCE SHEET**
(See Instruction No.35)

BALANCE SHEET AS AT **To Nearest Dollar, Omit Cents/Commas**

| ASSETS | End of Accounting Period | | Beginning of Accounting Period | |
|---|--------------------------|----------------------|--------------------------------|----------------------|
| | (a) Amount | (b) Total | (c) Amount | (d) 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: Allowance for Bad Debts</i> | <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: Accumulated depreciation</i> | <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 - 2017**
(See Instruction No.28)

To Nearest Dollar, Omit Cents/Commas

| Quarters | INCOME TAX (1) | | BUSINESS LEVY (2) | | HEALTH SURCHARGE (3) | |
|---|---|-----------|---|-----------|--|-----------|
| | Date Paid | Amount \$ | Date Paid | Amount \$ | Date Paid | Amount \$ |
| Jan. to Mar. | | | | | | |
| April to June | | | | | | |
| July to Sept. | | | | | | |
| Oct. to Dec. | | | | | | |
| Other payments in respect of 2017 liability | | | | | | |
| | TOTAL (Enter amount on Page 2, Line 34) | | TOTAL (Enter amount on Page 2, Line 35) | | TOTAL (Enter amount on Page 5, Schedule D, Line 4, Section 1 or 2 as applicable) | |





VI-17400ITRP12

BIR Number **2017**

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 2017 | \$ <input type="text"/> |
| | (b) Income Year 2016 | \$ <input type="text"/> |

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

| | | To Nearest Dollar, Omit Cents/Commas |
|-----|---|--------------------------------------|
| (1) | Tax Liability for 2017 (Page 2, Line 30) | \$ <input type="text"/> |
| (2) | Tax Liability for 2016 | \$ <input type="text"/> |
| (3) | Increase in Tax Liability (Line 1 minus Line 2) | \$ <input type="text"/> |
| (4) | Enter 80% of increase (80% of Line 3) | \$ <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, 2018 to 30th April, 2018 or date of payment whichever is the earlier.





VI- 17400ITRP13

BIR Number **2017**

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

Date of Commencement of Business
(dd mm yyyy)

To Nearest Dollar, Omit Cents/Commas

| Quarters (1) | Actual Gross Sales/Receipts for 2017 (Jan. - Dec.) (2) \$ | Business Levy Liability [0.6% 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 31 | | <input type="text"/> | |

| 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) \$ |
|-------------------|---------------------------------|--------------------------------------|---|---|---|
| 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 the quarter when the Business Levy Liability became due to 30th April, 2018 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).

