



V1-17700PARP01

2017 FORM 700 PAR

JOINT VENTURES, TRUSTS AND ESTATES OF DECEASED PERSONS

Approved by the Board of Inland Revenue under Section 76 of the Income Tax Act, Chap. 75:01.

REGISTRATION INFORMATION CHANGE

CHANGE OF INFORMATION

IDENTIFICATION SECTION PLEASE PRINT IN BLOCK LETTERS NAME OF PARTNERSHIP, JOINT VENTURE, TRUST OR ESTATE, IF DIFFERENT FROM ABOVE. USE BLACK INK ONLY BIR File No. NAME OF PARTNERSHIP, JOINT VENTURE, TRUST OR ESTATE VAT Registration No. NAME OF PARTNERSHIP, JOINT VENTURE, TRUST OR ESTATE (Cont'd) ADDRESS (STREET NO. AND NAME) No. of Employees CITY OR TOWN Telephone No. COUNTRY Telephone No. FULL ADDRESS OF REGISTERED OFFICE (STREET NO. AND NAME) Telephone No. of Precedent Partner CITY OR TOWN COUNTRY Fax No. MAILING ADDRESS IF DIFFERENT FROM ABOVE (STREET NO. AND NAME) Accounting Period CITY OR TOWN COUNTRY From DD MM YYYY To E-MAIL ADDRESS NATURE OF BUSINESS OR PRINCIPAL ACTIVITY Date of Commencement DD MM YYYY PLACE OF COMMENCEMENT Tick the Appropriate Box ■ Estate of Deceased Person ☐ Trust ☐ Joint Venture Partnership NAMES AND ADDRESSES Resident Name of Partners, Joint Owners or Beneficiaries BIR Number Address of Partners Yes or No





APPORTIONMENT OF NET INCOME/LOSS

(See Instruction No. 16)

								To Nearest D	ollar, Omit Cents/Commas
1.	Net Gain/Loss	(Schedule A, Page	e 3, Line 33)						
2.		to Partners (or Join	nt Owners)						
3.	Apportionable	Income/Loss (Line	e 1 Less Total of Lii	ne 2)					
Nor	me of Partners, Share of Salaries of Interest on Total (Sum of Share of Short Term Apportionment of Apportionment of								

Name of Partners, Joint Owners or Beneficiaries	Share of Apportionable Income/Loss	Salaries of Partners or Joint Owners	Interest on Partners' or Joint Owners' Capital (4) \$	Total (Sum of Columns 2 to 4)	Share of Short Term Capital Gain or Loss as per Schedule D, Page 5	Apportionment of Tax Deducted on Interest/ Dividend (7) \$	Apportionment of Venture Capital Tax Credit Schedule K, Page 8

(Submit Schedule if necessary.)

Amount in Column (5) is to be reported in the Individual Tax Return (400 ITR), Schedule E on lines 4, 5, 6 or 10 as applicable. Amount in Column (6) is to be reported in the Individual Tax Return (400 ITR), Schedule F.

GENERAL DECLARATION

IT IS AN OFFENCE 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 (Block Letters)	
of the whole of the income or profits of	FOR OFFICIAL USE ONLY
Given under my hand this	8.
	Place Date Received Stamp Here

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

2017

BIR Number

SCHEDULE A PROFIT AND LOSS COMPUTATION OF NET PROFIT OR LOSS

(See Instruction No.15)

IN	NCOME 16 Nearest Dollar, Omit Cents/Commas							
1	Gross Receipts or Gross Sales	1						
2	Cost of Sales or Operations (Schedule B, Page 4)	2						
3	Gross Profits (Line 1 less Line 2)	3						
4	Foreign Income (Schedule C, Page 5)	4						
5	Interest (Submit Schedule)	5						
6	Rents (Submit Schedule)	6						
7	Royalities	7						
8	Balancing Charge (Schedule O, Page 10)	8						
9	Other Income (Submit Schedule)	9						
10	Total Income (Sum of Lines 3 to 9)	10						
11	Tax Exempt Income (Schedule H, Page 7)	11						
12	Net Total Income (Line 10 less Line 11)	12						
DE	EDUCTIONS							
13	Gross Payments and Distributions (Schedule E, Page 6)	13						
14	Salaries and Wages (Not deducted elsewhere)	14						
15	Severance Pay (Submit Schedule)	15						
16	Repairs (Submit Schedule)	16						
17	Bad and Doubtful Debts (Submit Schedule)	17						
18	Entertainment Expenses (Only 75% Entertainment allowed)	18						
19	Rates and Taxes (Submit Schedule)	19						
20	Advertising	20						
21	Motor Vehicle Operating Expenses	21						
22	Production Company Allowance (Companies only) (Schedule I, Page 8)	22						
23	Expenditure on Construction or Setting up of Child Care or Homework Facility (Companies only) (Schedule M, Page 9)	23						
24	Initial Allowance (Schedule N, Page 10)	24						
25	Wear and Tear Allowance (Schedule N, Page 10)	25						
26	Balancing Allowance (Schedule O, Page 10)	26						
27	Promotional Expenses (Schedule G, Page 7)	27						
28	Scholarship Allowance (Companies only - Submit Schedule)	28						
29	Art and Culture, Sportsmen, Sporting Activities, Audio, Visual or Video Production, Fashion Industry Allowance (Companies only) (Schedule J, Page 8)	29						
30	Training and re-training up to 150% of claim (Companies only - Submit Schedule)	30						
31	Other Deductions (Submit Schedule)	31						
32	Total Deductions (Sum of Lines 13 to 31)	32						
33	Gain/Loss (Line 12 less Line 32) Transfer to Page 2, Line 1	33						



SCHEDULE B COST OF SALES OR OPERATIONS

(See Instruction No.17)

To Nearest Dollar, Omit Cents/Commas

1.	Stock at beginning of year	
2.	Purchases of Goods for Sale or Manufacture	
3.	Direct Salaries and Wages	
4.	Other Direct Costs per Accounts	
5.	Sum of Lines 1 to 4	
6.	Stock at end of year	
7.	Cost of Sales or Operations (Line 5 less Line 6) Transfer to Page 3, Schedule A, Line 2	



BIR Number

SCHEDULE C STATEMENT OF FOREIGN INCOME IN TRINIDAD AND TOBAGO CURRENCY

(See Instruction No. 18)

To Nearest Dollar, Omit Cents/Commas

				arest Donar, Olint Cents/Collinas
Name of Company or Person from whom Income is received (Group according to	Type of Income (Dividends, Interest, Royalties, Rents, etc)	Gross Income before deduction of Tax in Foreign Country	Tax Paid in Foreign Country	Rate of Tax Paid in Foreign Country
Company) (1)	(2)	(3) TT\$	(4) TT\$	(5) %

Enter Total of Column (3) on Page 3, Schedule A, Line 4

SCHEDULE D SHORT TERM CAPITAL GAINS/LOSSES - Assets Disposed of within 12 months of acquistion

(See Instruction No. 19)

To Nearest Dollar, Omit Cents/Commas

				10	Nearest Dollar, Omit Cents/Comm
Description of Asset	Date Acquired (2)	Date of Disposal (3)	Cost Plus Allowable Expenses (4) \$	Disposal Proceeds (5) \$	Gain /Loss (6) \$
NET GAIN/LOSS					

Enter Share of Gain or Loss on Page 2, Column (6)



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SCHEDULE E GROSS PAYMENTS AND DISTRIBUTIONS (TT\$ ONLY)

(See Instruction No. 20)

To Nearest Dollar, Omit Cents/Commas

	Item Payment	Total Payments	Payments to Residents	Payment to Non-Residents	Amount of Withholding Tax deducted and paid to the Board of Inland	Receipt No. and Date
	(1)	(2) \$	(3)	(4) \$	Revenue (5) \$	(6)
1.	Interest on debt, mortgage, or security					
2.	Rentals					
3	Royalties					
4.	Management Charges					
5.	Charges for Personal Services and Technical and Managerial Skills					
6.	Premiums (other than premiums paid to Insurance Companies and Contribution to Pension Funds and Schemes)					
7.	Commissions, Fees and Licences					
8.	Discounts					
9	Annuities and other Annual Payments					
10	Total of Lines 1 to 9 Transfer Amount to Page 3, Schedule A, Line 13					
N	ote: Details of Payments are to be entered in Schedule F, as applicable.					

SCHEDULE F GROSS PAYMENTS AND DISTRIBUTIONS - DETAILS OF PAYEES

(See Instruction No. 20)

To Nearest Dollar, Omit Cents/Commas

Type of Payment	Name of Payee	Address of Payee	Amount Paid	Where Payment is in respect of rents, enter total rents for	Address of Rental Property
(1)	(2)	(3)	(4) \$	year (5)	(6)

2017



Providing promotional literature for overseas distribution

SCHEDULE G DETAILS OF PROMOTIONAL EXPENSES INCURRED

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(See Instruction No. 21)

To Nearest Dollar, Omit Cents/Commas The participation in trade fairs, trade missions and similar promotional activities

(d) Overseas travel for the purposes of conducting promotional activities (e) Providing free samples and technical information on products

(g) The recruitment of specialist sales personnel operating in foreign markets for a maximum of two years

CATEGORY OF EXPENSES

Conducting foreign market surveys (h)

TOTAL

Inviting buyers to Trinidad and Tobago

Advertising in foreign markets

(a)

(b)

(c)

(f)

Calculate 150% of Total (Enter on Page 3, Schedule A, Line 27)

SCHEDULE H TAX EXEMPT INCOME

(See Instruction No. 22)

To Nearest Dollar, Omit Cents/Commas Interest Dividends and other Distributions 3. Rents / Premiums Approved Commercial Farming 5. Other Tax Exempt Profits not reported in Lines 1 to 4 TOTAL (Enter on Page 3, Schedule A, Line 11)



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SCHEDULE I PRODUCTION COMPANY ALLOWANCE

(See Instruction No.23)

To Nearest Dollar, Omit Cents/Commas

Category of Expenses (1)	Actual Expenditure (2) \$	Allowance [150 % of Column (2)] (3) \$
TOTAL of Column (3) Limited to \$3,000,000		

Enter Total of Column (3) on Page 3, Schedule A, Line 22

SCHEDULE J ART AND CULTURE, SPORTMEN, SPORTING ACTIVITIES, AUDIO, VISUAL OR VIDEO PRODUCTION AND FASHION INDUSTRY ALLOWANCE (COMPANIES ONLY)

(See Instruction No. 24)

To Nearest Dollar, Omit Cents/Commas

Category of Expenses	Actual Expenditure	[150 % of Column (2)]	Allowance Claimed Greater of Columns
(1)	(2) \$	(3)	(2) and (3) (4) \$
Art and Culture			
Sportsmen/Sporting Activities			
Audio, Visual or Video Production			
Fashion Industry			
TOTAL of Column (4) Limited to \$3,000,000			

Enter Total of Column (4) on Page 3, Schedule A, Line 29

SCHEDULE K VENTURE CAPITAL TAX CREDIT

(See Instruction No. 25)

To Nearest Dollar, Omit Cents/Commas

Venture Capital Company in which Investment is held	Amount of Investment	Marginal Rate of Tax in year of Investment	Venture Capital Tax Credit [Col. (2) x Col. (3)]
(1)	(2) \$	(3) %	(4)

Enter Apportionment of Credit on Page 2, Column (8)



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

(See Instruction No. 26)

To Nearest Dollar, Omit Cents/Commas

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

On expiration of exempt period enter each Partner's share of the Net Loss (if any) in Schedule E, Page 6, Line 4 of the Individual Tax Return (400 ITR)

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

(See Instruction No. 27)

To Nearest Dollar, Omit Cents/Commas

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

Enter Total of Column (4) up to a maximum of \$3,000,000 on Page 3, Schedule A, Line 23 Enter Total of Column (5) in Schedule N, Line 4



SCHEDULE N INITIAL AND WEAR AND TEAR ALLOWANCE

(See Instruction No. 28)

To Nearest Dollar, Omit Cents/Commas

							, Offit 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)]	
(b)	Less amount relating to non-qualifying use	
(c)	Initial Allowance claimed [(a) minus (b)] (Enter on Page 3, Schedule A, Line 24)	
(d)	Wear and Tear Allowance (Line 10, Column 7 minus Line 6, Column 7)	
(e)	Less amount relating to non-qualifying use or time	
(f)	Wear and Tear Allowance claimed [(d) minus (e)] (Enter on Page 3, Schedule A, Line 25)	

SCHEDULE O BALANCING ALLOWANCES AND CHARGES

(See Instruction No. 29)

To Nearest Dollar, Omit Cents/Commas

	Written Down Value Prior to Disposal	Disposal Proceeds	Balancing Charge [where Column (3) is greater than Column (2), Column (3) minus Column (2)]	* Balancing Allowance [where Column (2) is greater than Column (3), Column (2) minus Column (3)]
(1)	(2) \$	(3)	(4) \$	(5) \$
CLASS A	·	·	·	
CLASS B				
CLASS C				
CLASS D				
OTHER CLASS				
TOTAL				

*Balancing Allowances are granted only where there is no asset remaining in the Class

Enter Total Balancing Charge on Page 3, Schedule A, Line 8 Enter Total Balancing Allowance on Page 3, Schedule A, Line 26





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SCHEDULE P BALANCE SHEET

(See Instruction No. 30)

BALANCE SHEET AS AT

To Nearest Dollar, Omit Cents/Commas

		End of 1	Income Year	Beginning of Income Year			
	ASSETS	(a) Amount	(b) Total	(c) Amount	(d) Total		
1	Cash in hand and in bank						
2	Accounts receivable and prepayments						
	Less: Allowance for Bad Debts						
3	Inventories						
4	Loans Receivable						
5	Other Current Assets						
6	Investments (Submit Schedule)						
7	Assets subject to depreciation						
	Less: Accumulated depreciation						
8	Other Assets (Submit Schedule)						
9	TOTAL ASSETS						
]	LIABILITIES AND CAPITAL						
10	Accounts payable and accurals						
11	Bank Overdraft						
12	Current portion of long-term debt						
13	Other Current Liabilities						
14	Long-term debt						
15	Other Liabilities						
16	Capital Accounts						
17	Profit and Loss Balance						
18	TOTAL LIABILITIES AND CAPITAL						



SCHEDULE Q STATEMENT OF GREEN FUND LEVY LIABILITY AND COMPUTATION OF INTEREST ON SHORT PAYMENTS

V1-17700PARP12

			(See Instruction	n No.	31)			To Nea	rest Dollar, Omit Cents/Comma
Quarters (1)			Actual Gross Sales/Receipts f (Jan Dec.) (2) \$	or 20	17	Green Fund Levy Liabil: [0.3% of Column (2)] (3) \$			
Jan. to Mar.				$\overline{}$					
April to June				Ħ					
July to Sept.									
Oct. to Dec.									
ГОТАL									
Total Green Fund Levy L	iability								
	Green	Fund Levy Paid	Compute 90% of Col. (3)	*C	ompute 10% of Co	1.	Minimum Payı	nent Due	Short Payments
Quarters					(3) for the previous quarter			5) + (6) Col. (7)	Col. (7) - Col. (4)
		(4) \$	(5) \$		(6)		(7) \$		(8) \$
Jan. to Mar.									
April to June				Γ		7			
July to Sept.				Ī		7			
Oct. to Dec.				Ī		_			
TOTAL									
NOTE: Interest must be calcu 30th April, 2018 or to			om the date following the end of	of the	quarter when the	Gree	n Fund Levy Lia	bility beca	me due to
1st quarter (January to I TOTAL GREEN FUND I If Column (3) is greater	March) an LEVY L1 than Colu	ABILITY	Column (3) of the previous qua t in this column against the 2r	nd qua	and insert it in this arter (April to Jur If Column (3) is les	ie).		: compute	10 % of the
enter Green Fund Levy	Payable		SCHED INSTALLMENTS PA GREEN FUND LEVY I	ULE ID I FOR	N RESPECT OF THE YEAR 20	F	efund		
			(See Instruct	ion in	,				ot Dollon Omit Conto/Commo
Overt			<u> </u>	non N	<u> </u>	No.		To Near	est Dollar, Omit Cents/Comma Amount
Quarters			(See Instruct	non in	Receipt	No.		To Near	est Dollar, Omit Cents/Comma Amount \$
Quarters Jan. to Mar.			<u> </u>	non in	<u> </u>	No.		To Near	Amount
Jan. to Mar. April to June			<u> </u>	non N	<u> </u>	No.		To Near	Amount
Jan. to Mar. April to June July to Sept.			<u> </u>	lion IN	<u> </u>	No.		To Near	Amount
Jan. to Mar. April to June			<u> </u>	non IN	<u> </u>	No.		To Near	Amount