Inland Revenue P. O. Box 99 Brades, MSR1110 Montserrat www.ird.gov.ms

INDIVIDUAL INCOME TAX RETURN



Inc	dividual tax return for the period:	1 January to 31 Decemb	per 20
1.	If your IRD Number is not shown a	bove, print it here:	
2.	If your correct name is not shown above print it here:	First Names Surname	
3.	If your correct address is not shown above, print it here:		
4. 5.	Profession/Occupation: Contact/ Telephone Number:		
	No Go to Q7. Yes Copy the amounts of income Employer/Payer	from salary, wages, or benefit	es below: Total tax deductions
		\$	\$
	- A	\$	\$
		\$	\$
7.	Did you have any overseas income?		
	No O Go to Q8.		
	Yes O Print the totals here. Staple poverseas tax paid to the front of		paid Total overseas income \$
8.	Did you receive any rents?		
	No O Go to Q9.		
	Yes O Print net rents here and comprofit and loss statement on	plete the page 4.	Net rents

Did you receive any income from self employment?						
No O Go to Q 10.	luctions Self-employed income					
Yes O Print net income here and complete the profit and loss statement on page 4.	\$					
10. Did you receive any other income? (exclude pension) No O Go to Q 11. Yes O Print details here:						
Name of Payer Type of income	Total other income					
	\$					
	\$					
11. Add all income shown in Q 6 to 10 and print the total here: Go to Q 12.	Total income					
12. General deduction for resident individuals Deduct \$15,000 personal allowance. Go to Q 13.	Personal allowance deduction					
13. Are you claiming mortgage interest paid on a residential property? No Go to Q 14.	?					
Yes O Print amount here and attach the mortgage interest statement from your lending institution. (Maximum \$5,000 to income year 2006 & \$8,000 from income year 2007) Percentage/proportion of mortgage Interest allowance claimed.						
14. Are you claiming Life and Health Insurance Premiums - that is, a page 14. No O Go to Q 15. Yes O (Please attach proof of payment)	Total claimed (Max. \$4000.00)					
15. Are you claiming Personal Social Security Payments? No O Go to Q 16. Yes O	Total claimed					
16. Are you claiming Incapacitated Dependent Relative Allowance? (Max. \$2,400 each dependent) No Q Go to Q 17.						
l v Š						
Yes O Dependent (1)	Dependent (2)					
l v Ö						
Yes O Dependent (1)						
Yes O Dependent (1) Full Name of Incapacitated Relative						
Yes O Full Name of Incapacitated Relative Relation of Dependent Relation of Dependent						
Yes O Full Name of Incapacitated Relative Relation of Dependent Nature of Incapacitation State income if any of the Incapacitated						

17. Add all deductions claimed in Q 12 - 16.	Total deductions					
Print the total here:-	\$					
18. Income after deductions Subtract the total deductions arrived at in Q17 from the total income as shown in Q11 and print the answer here: Go to Q 19.	Income after deductions					
19. Are you claiming any losses? (seven (7) years time limit)						
No O Go to Q 20. Amount brought forward	Amount claimed this year					
Yes O Print net loss amounts here: \$()	\$(
20. Taxable income Subtract the loss at Q 19 from income after deductions as shown in Q 18 and print the answer here:	Taxable income (excluding Pension Income)					
21. Did you receive any pension? Total Pension						
No O Go to Q 22 Pension deduction	\$ 60,000.00					
Yes O Print details Pension taxable @ 5% (i.e. total pension less pension deduction)	\$					
22. Total income including Net Pension Income	\$					
23. Did you pay any provisional tax for this income year? No O Go to Q 24. Yes O Print the total provisional tax here:	Provisional tax paid					
24. Is this income tax return for a full year of working? Please provide details of the period worked. No O Yes O Now complete and sign declaration in Q 25.						
25. Declaration (MUST BE COMPLETED) Please note that non-declaration or incorrect submission of information as reque mean the imposition of penalties in accordance with Sections 86 & 87 of the Incorp						
I of of	(Address)					
certify that this return for the year ended December 20 is a true, corre	ect, and complete return.					
(Signature of Taxpayer)	(Date)					
(Name of Return Preparer (if different to Taxpayer) (Signature of Return Preparer)	(Date)					

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INDIVIDUAL INCOME TAX RETURN



TAX COMPUTATION RATES

The tax upon the taxable income of every person other than a company is as follows:

On every dollar of the first \$5,000. of taxable income	-	5 cents in the dollar
On every dollar of the next \$5,000. viz from \$5,001 - \$10,000	-	15 cents in the dollar
On every dollar of the next \$5,000. viz from \$10,001 - \$15,000	_	25 cents in the dollar
On every dollar of the next \$120,000. viz from \$15,001 - \$135,000	-	30 cents in the dollar
On every dollar beyond \$135,000.	-	40 cents in the dollar

Profit and Loss Statement	(TO BE USE	ED AS A GUIDE ONLY)
(To be completed by individuals who 'yes' to either of Q 8 or 9).	o have rental income o	or self employment income , i.e. have answered
Income	\$	
Other Income	\$	
Total Income		\$
Salary and Wages	\$	
Telephone	\$	
Utilities (Water & Electricity)	\$	
Insurance	\$	
Rent	\$	
Office Supplies	\$	
Building Repairs/Maintenance	\$	The first state of the state of
Equipment Repairs/Maintenance	\$	
Advertising	\$	
Motor Vehicle	\$	A CONTRACTOR OF THE PARTY OF TH
Accounting and Legal	\$	
Travel	\$	
Interest	\$	
Depreciation	\$	
Other (Specify)		
\$	\$	
Total Expenses		\$
Net income		\$