



GOVERNMENT OF MONTSERRAT

IRD17

INCOME TAX ACT No. 19 of 1967

INLAND REVENUE DEPARTMENT

CORPORATION / INCOME TAX RETURN

(to be completed in respect of Companies, Partnerships, Executor- of Estates and bodies of Persons)

FOR INCOME TAX YEAR 20

In accordance with Section 51 of the Income Tax Act, you are hereby required to prepare a true and correct statement of the whole of your income from every source for the Income year on this form and deliver it to the Comptroller of Inland Revenue, Brades, duly signed by the Principal Officer of the Company, the Precedent Partner of the Partnership or by a duly authorised agent within ninety days following the end of the basic year.

Please attach Financial Statements to this return.

Form with fields: Registered Name of Company, Partnership, etc.; Tax Account No.; Address of Head Office; Accounting Period; Company?; Branch of Non-Resident Company?; Resident in Montserrat?; Mailing Address; Date & Place of Registration or Incorporation; Registration No.; Trade Name; Phone No.; Fax No.; Nature of Business or Principal Activity.

Type of Enterprise

Corporation [] Partnership [] Joint Venture [] Trust [] Estate []

Statement of Chargeable Income and Tax Payable

Table with 2 columns: Description and Amount. Rows include: 101 Chargeable Income before loss (Complete Schedule A) 101 \$; 104 Loss set off (Complete Schedule I) 104 \$; 111 Adjusted Chargeable Income (Subtract Line 104 from Line 101) 111 \$; 150 Corporation Tax Payable (Multiply Line 111 by 30%) 150 \$; 151 Corporation Tax Payable (Multiply Line 111 by 30%) 151 \$; 260 Any other relief (Attach Explanations) 260 \$; 261 Total Advance Tax Payments 261 \$; Net Tax Payable (Subtract Line 151 plus 260 from Line 150) Balance Due 352 \$; Refund Due 351 \$; Amount Enclosed 353 \$.

(Note that a balance of \$20.00 or less is not payable)

DECLARATION

Please note that non-declaration or incorrect submission of information as requested on this return could mean the imposition of penalties in accordance with Sections 86 & 87 of the Income Tax Act, No. 19 of 1967.

Signature line and address line with dashed lines and labels: (Name in block letters), (Address)

am an authorised representative or agent of the Enterprise.

I certify that this return, including the accompanying schedules and statements, has been examined by me and is a true, correct, and complete return. I further certify that the method of computing income for this income year is consistent with that of the previous year except as specifically disclosed in this return.

Signature line, Date line, Position or Office line with labels: (Signature), (Date), (Position or Office)

| Schedule D | | Tax Exempt Income |
|--------------|-----------|-------------------|
| Description | Amount | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| TOTAL | \$ | |

| Schedule E | | Expenses Incurred in producing Tax Exempt Income |
|---|--------|--|
| NB: No deduction can be given for <i>any</i> expenditure incurred for the purpose of producing exempt income. Please give full details here. | | |
| Details: | Amount | |
| | \$ | |
| | \$ | |
| | \$ | |
| Total (Enter this amount in item 2 of Schedule A) | | \$ |

| Schedule F | | Gross Payments and Withholding Tax Paid | | |
|--|----------------|---|---------------------------|-----------------------------------|
| NB: You are required under Paragraph 5(2) of the Third Schedule of the Income Tax Act to show the total Withholding tax deducted during the year from the following payments made to non-resident persons. Where any such payment has accrued but not actually made during the period, deduct tax and pay it to the Comptroller as if payment has been made on the last day of that basic period. | | | | |
| Items | Total Payments | Payments to Residents | Payments to Non-Residents | Withholding Tax Deducted and Paid |
| Interest (not deposit interest) | \$ | \$ | \$ | \$ |
| Discounts | \$ | \$ | \$ | \$ |
| Rentals | \$ | \$ | \$ | \$ |
| Lease Payments | \$ | \$ | \$ | \$ |
| Royalties | \$ | \$ | \$ | \$ |
| Ucences | \$ | \$ | \$ | \$ |
| Fees | \$ | \$ | \$ | \$ |
| Commissions | \$ | \$ | \$ | \$ |
| Management Charges | \$ | \$ | \$ | \$ |
| Annuities | \$ | \$ | \$ | \$ |
| Other Payments" | \$ | \$ | \$ | \$ |
| Employment Income | \$ | \$ | \$ | \$ |
| Partnership Income | \$ | \$ | \$ | \$ |
| TOTALS | \$ | \$ | \$ | \$ |

"to which Withholding Tax is applicable

| Schedule G | | Computation of Balancing Addition and Deduction | | | | | | |
|------------------------------|-----------------------|---|-------------------------|---|---------------------------------|---|------------------------------------|-----------------------------------|
| Description of Assets (1) | Purchase Price (2) | Date of Purchase (3) | Date of Disposal (4) | Written down value at date of disposal (5) | Total Allowances granted (6) | Proceeds of sale or trade-in value (7) | Balancing Addition (Profit) (8) | Balancing Deduction (1055) (9) |
| | \$ | | | \$ | \$ | \$ | \$ | \$ |
| | \$ | | | \$ | \$ | \$ | \$ | \$ |
| | \$ | | | \$ | \$ | \$ | \$ | \$ |
| | \$ | | | \$ | \$ | \$ | \$ | \$ |
| TOTALS | \$ | | | \$ | \$ | \$ | \$ | \$ |

(Enter the total of Column 8 in Item 2 of Schedule A),

(Enter the total of Column 9 in Item 3 of Schedule A),

| Schedule H I Claim for Capital Allowances | | | | | | | | |
|---|------------------------|-------------------------------|-------------------------|------------------------------|-------------------------------------|------------------|------------------|------------------------------|
| Description of Assets (1) | Historical Cost (2) | Written Down Value BIF (3) | Additions During (4) | Disposals During Year (5) | Date of Addition or Disposal (6) | Annual Allowance | | Written Down ValueCIF (9) |
| | | | | | | Rate <i>m</i> | Allowance (8) | |
| | \$ | \$ | \$ | \$ | | %\$ | | \$ |
| | \$ | \$ | \$ | \$ | | %\$ | | \$ |
| | \$ | \$ | \$ | \$ | | %\$ | | \$ |
| | \$ | \$ | \$ | \$ | | %\$ | | \$ |
| | \$ | \$ | \$ | \$ | | %\$ | | \$ |
| (Enter this total in Item 3 of Schedule A). | | | | | | TOTAL | \$ | |

| Schedule I Loss From Prior Years | | | | | | | |
|----------------------------------|-----------------------|-----------------|----------------|---------------------------|---|--|--|
| Year of Loss (1) | Amount of Loss (2) | Loss BIF (3) | Prior Set-offs | | Amount Set-off to this pf Assessment [not exceed-r1!; 50% Charoeable Income] (6) | Balance of Loss Allowable for C/F (7) | |
| | | | Amount (4) | Year of Assessment (5) | | | |
| | \$ | \$ | \$ | | \$ | \$ | |
| | \$ | \$ | \$ | | \$ | \$ | |
| | \$ | \$ | \$ | | \$ | \$ | |
| TOTAL | | | | | (Enter this total in line 104) | \$ | |

| Schedule J Management of Enterprise (Please provide the following information on the management of the Enterprise). | | |
|---|------|---------|
| | Name | Address |
| Manager | | |
| Financial Controller/Accountant | | |
| Director | | |
| Director | | |

| Schedule K | | |
|--|---------|--|
| The following related party Information is required: | | |
| Associated / Related or Enterprise | Address | Nature of Relationship/Association (e.g. common management, shareholding, ownership, etc.) |
| | | |