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

INDIVIDUAL INCOME TAX RETURN



Ind	ividual tax return for the period: 1 January to 31 December 20
1.	If your IRD Number is not shown above, print it here:
2.	If your correct name is not shown above print it here:
	Surname
2	
3.	If your correct address is not shown above, print it here:
4.	Profession/Occupation:
5.	Contact/ Telephone Number: Tel: Email:
6.	Did you receive any salary, wages or other employment related benefits?
	<i>*</i>
	No O Go to Q7.
	Yes O Copy the amounts of income from salary, wages, or benefits below:
	Employer/Payer Gross income Total tax deductions
	\$
	\$ \$
	\$ \$
7.	Did you have any overseas income?
	No O Cata O S
	No O Go to Q 8. Total overseas tax paid Total overseas income
	Yes O Print the totals here. Staple proof of overseas tax paid to the front of the return.
	overseas are paid to the front of the fetting.
8.	Did you receive any rents?
	No O Go to Q 9.
	Net rents
	Yes O Print net rents here and complete the profit and loss statement on page 4.
	1 0

Did you receive any income from self employment?					
No O Go to Q 10.					
Yes O Print net income here and complete the profit and loss statement on page 4. Withholding tax deductions Self-employed	іпсоте				
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 incom	ne				
\$					
\$					
11. Add all income shown in Q 6 to 10 and print the total here: Go to Q 12. Total income \$	5.				
12. General deduction for resident individuals Deduct \$15,000 personal allowance. Go to Q 13.	nce deduction				
13. Are you claiming mortgage interest paid on a residential property? No O Go to Q 14.	,				
Yes O Print amount here and attach the mortgage interest statement from your lending institution. (Maximum \$8,000)	ge interest				
Percentage/proportion of mortgage Interest allowance claimed.					
14. Are you claiming Life and Health Insurance Premiums - that is, a policy registered in y	your name?				
No O Go to Q 15. Total claimed (Ma.	x. \$4000.00)				
Yes O (Please attach proof of payment) \$	•				
15. Are you claiming Personal Social Security Payments? (Self employed persons attach standard Control of the C					
Yes O \$					
16. Are you claiming Incapacitated Dependent Relative Allowance? (Max. \$2,400 each dependent) No O Go to Q 17.					
Yes O Dependent (1) Dependent (2))				
Full Name of Incapacitated Relative					
Relation of Dependent					
Nature of Incapacitation					
State income if any of the Incapacitated Dependent					
What percentage of the Incapacitated Dependent Allowance are you claiming?					
Are the Incapacitated Relatives living with you? No O Dependent (1) No O Dependent (2) Yes O Age Yes O Age Total claimed \$					

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. Yes O Print net loss amounts here: Amount brought forward \$ ()	Amount claimed this year \$ ()
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? No O Go to Q 22 Yes O Print details Total Pension Pension deduction Pension taxable @ 5% (i.e. total pensio less pension deduction)	\$ 60,000.00 n \$
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 requirement the imposition of penalties in accordance with Sections 86 & 87 of the Incomplete I of of of or certify that this return for the year ended December 20 is a true, contains the contains a second or information as requirements and the imposition of penalties in accordance with Sections 86 & 87 of the Incomplete Inc	ome Tax Act, No. 19 of 1967. (Address)
(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

<u>Profit and Loss Statement</u> (TO BE USED AS A GUIDE ONLY)							
(To be completed by individuals who have rental income or self employment/business income, i.e. have answered 'yes' to either of Q 8 or 9).							
Іпсоте	\$] ,					
Other Income	\$] ,					
Total Income		\$					
Salary and Wages	\$						
Telephone	\$]					
Utilities (Business only)	\$]					
Insurance	\$						
Rent	\$,					
Office Supplies	\$						
Building Repairs/Maintenance	\$						
Equipment Repairs/Maintenance	\$						
Advertising	\$						
Motor Vehicle	\$						
Accounting and Legal	\$						
Travel	\$						
Interest	\$						
Depreciation	\$]					
Other (Specify)	,	7					
\$	\$						
Total Expenses		\$					
Net income		\$					