INDIVIDUAL INCOME TAX RETURN



Individual tax return for the period: 1 January to 31 December 20					
1. 2.	If your IRD Number is not shown above, print it here: If your correct name is not shown above print it here:				
3.	If your correct address is not shown above, print it here:				
4. 5.	Profession/Occupation: Contact/ Telephone Number: Email:				
6.	Did you receive any salary, wages or other employment related benefits? No O Go to Q 7. 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 Go to Q 8. Yes O Print the totals here. Staple proof of overseas tax paid to the front of the return. Total overseas tax paid Total overseas income \$				
8.	Did you receive any rents? No O Go to Q 9. Yes O Print net rents here and complete the profit and loss statement on page 4.				

9. Did you receive any income from self employment?					
No O Go to Q 10.	TARRIA Aldino ton do	lustions CJCllineaus			
Yes O Print net income here and complete the profit and loss statement on pa	e	luctions Self-employed income \$			
10. Did you receive any other income? (exclude	de pension)				
No O Go to Q11.	•				
Yes O Print details here:					
Name of Payer Type of	of income	Total other income			
	·	\$			
		\$			
11. Add all income shown in Q 6 to 10 and pri Go to Q 12.	int the total here:	Total income			
12. General deduction for resident individual	 ls	Personal allowance deduction			
Deduct \$18,000 personal allowance.		\$			
Go to Q 13.					
13. Are you claiming mortgage interest paid on a residential property? No Go to Q 14.					
Yes O Print amount here and attach the m	nortgage interest	Total mortgage interest			
statement from your lending institu		\$			
Percentage/proportion of mortgag	re Interest allowance clair	ned			
Terestage, proportion or moregag	,e interest and warter can				
14. Are you claiming Life and Health Insuran	ice Premiums - that is, a	policy registered in your name?			
No O Go to Q 15.		Total claimed (Max. \$4000.00)			
Yes (Please attach proof of payment)		\$			
165 O (Trease arment proof of payment)					
15. Are you claiming Personal Social Security	Payments?	Total claimed			
No O Go to Q 16.		\$			
Yes O		Ψ			
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?		10			
Are the Incapacitated Relatives living with No Dependent (1) Yes O Age Yes O	D 1 (0)	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? Total Pension	
No O Go to Q 22 Yes O Print details Pension deduction Pension taxable @ 5% (i.e. total pension less pension deduction)	\$ 60,000.00
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 reques mean the imposition of penalties in accordance with Sections 86 & 87 of the Incon Act, CAP 17.01 revised as at 1 January, 2019.	
I of	(Address)
certify that this return for the year ended December 20 is a true, corre	ct, and complete return.
(Signature of Taxpayer)	(Date)
(Name of Return Preparer (if different to Taxpayer) (Signature of Return Preparer)	(Date)

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 \$7,000. of taxable income
On every dollar of the next \$10,000. viz from \$7,001 - \$17,000
On every dollar of the next \$10,000. viz from \$17,001 - \$27,000
On every dollar of the next \$105,000. viz from \$27,001 - \$132,000
On every dollar beyond \$132,000.

20 cents in the dollar25 cents in the dollar

5 cents in the dollar

- 30 cents in the dollar

- 40 cents in the dollar

<u>Profit and Loss Statement</u>	(TO BE USED A	S A GUIDE ONLY)
(To be completed by individuals who 'yes' to either of Q 8 or 9).	o have rental income or self	femployment income , i.e. have answered
Income	\$	
Other Income	\$	
Total Income		\$
Purchases/Materials	\$	
Salary and Wages	\$	
Telephone	\$	
Utilities (Water & Electricity)	\$	
Insurance	\$	
Rent	\$	
Office Supplies	\$	
Building Repairs/Maintenance	\$	
Equipment Repairs/Maintenance	\$	
Advertising	\$	
Motor Vehicle	\$	
Accounting and Legal	\$	
Travel	\$	
Interest	\$	
Depreciation	\$	
Other (Specify)		-
\$	\$	5.9
Total Expenses		\$
Net Income		¢