



THE INCOME TAX ACT  
**RETURN OF INCOME AND TAX PAYABLE**  
**INDIVIDUALS (PAYE, PENSIONERS etc.)**

**IT05**

Year of Assessment

**Please Read Notes and Instructions before Completing this Return**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

|  |  |                                 |   |
|--|--|---------------------------------|---|
| <b>Section A - GENERAL INFORMATION</b>                               |  | 2. Taxpayer Registration Number |   |
| 1. Name (Last, First, Middle)  |  |                                 |   |
| 3. Home Address (Apt. No., Street No. and Name, Postal Zone, Parish) |  | 4. Employer's Name              |   |
|  |  | 5. Occupation                   | 6. Tick appropriate box:                |
|  |  |                                 | <input type="checkbox"/> New Address    |
|  |  |                                 | <input type="checkbox"/> Revised Return |

|  |    |  |    |
|--|----|--|----|
| <b>Section B - SUMMARY OF INCOME</b>   |    |  |    |
| Salary, Wages, Bonus, Fees, Commission (Attach P24)                                      | 7  |  |    |
| Cash Allowances (Travelling, housing, entertainment, etc.)                               | 8  |  |    |
| Annual Value Perquisites (Car, credit cards, etc.)                                       | 9  |  |    |
| <b>Total</b> (Add Lines 7, 8 & 9)  |    |  | 10 |
| Annual Value of Quarters or Residence (Please see Notes for calculation)                 |    |  | 11 |
| Income from other Employment (that is, Other employers)                                  |    |  | 12 |
| <b>Total Income from Employments &amp; Offices</b> (Add Lines 10, 11 & 12)               |    |  | 13 |
| <b>DEDUCT:</b> Expenses Claimed (Attach Schedule 3 - Employee Exp. Claim)                | 14 |  |    |
| National Insurance Contributions   | 15 |  |    |
| Allowable Contributions (Superannuation and ESOP)  | 16 |  |    |
| <b>Total Deductions</b> (Add Lines 14, 15 & 16)  |    |  | 17 |
| <b>Net Income arising from Employments &amp; Offices</b> (Subtract Line 17 from Line 13) |    |  | 18 |
| Pensions (Attach Certificates)   |    |  | 19 |
| Dividends  |    |  | 20 |
| Interest from Banks & Loans  |    |  | 21 |
| Trust Income, Annuities, Alimony   |    |  | 22 |
| <b>Total Income</b> (Add Lines 18, 19, 20, 21 & 22)                                      |    |  | 23 |

|  |    |  |    |
|--|----|--|----|
| <b>Section C - DEDUCTIONS</b>  |    |  |    |
| Covenanted Donations   | 24 |  |    |
| Exemptions (Pension, Age Relief, etc)                                    | 25 |  |    |
| <b>Total Deductions</b> (Add Lines 24 & 25)                              |    |  | 26 |
| <b>Statutory Income before Donations</b> (Subtract Line 26 from Line 23) |    |  | 27 |
| Donations (Please see Notes for calculation)                             |    |  | 28 |
| <b>Statutory Income after Donations</b> (Subtract Line 28 from Line 27)  |    |  | 29 |

**PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM**

**Section D - TAX COMPUTATION**

|  |    |    |  |
|--|----|----|--|
| Statutory Income after Donations (Brought forward from Line 29 overleaf)             | 01 |    |  |
| Less Amount at Nil Rate (Threshold)  | 02 |    |  |
| Statutory Income less Amount at Nil Rate (Threshold) (Subtract Line 02 from Line 01) |    | 30 |  |
| Income Tax on Statutory Income (Line 30 x %)   |    | 31 |  |
| <b>CREDITS:</b>  |    |    |  |
| P.A.Y.E. Tax Deducted by Employer (per P24)  | 32 |    |  |
| Tax Deducted from Other Sources (Attach Certificates)                                | 33 |    |  |
| <b>Total Credits</b> (Add Lines 32 and 33)   |    | 34 |  |
| <b>TAX PAYABLE/(REFUNDABLE)</b> (Subtract Line 34 from Line 31)                      |    | 35 |  |

**Section E - DECLARATION**

I declare that the particulars given in this Return are in accordance with the requirements of the Income Tax (Employment) Regulations and that the total amount of emoluments, including overtime pay, bonus, taxable allowance, fees, commissions, etc. paid to each of my taxable employees and all income tax deducted have been fully and correctly stated in this return to the best of my knowledge and belief. This Declaration is made with the full knowledge and understanding that any false statement made herein by me will render me liable to penalties and/or criminal proceedings.

**FOR OFFICIAL USE**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date