



MONTHLY RETURN OF WITHHOLDING TAX ON INTEREST BY PRESCRIBED PERSONS AND OTHER BODIES

Year of Assessment

Please Read Notes and Instructions on Page 3 before Completing this Return

Year of Assessment grid

Section A - GENERAL INFORMATION

Section A form fields: 1. Name of Business/Organization, 2. Taxpayer Registration Number, 3. Business Address, 4. Business Mailing Address, 5. Indicate Nature of Business, 6. Return Period, 7. Tick box(es), 8. Contact Number(s)

Section B - SUMMARY OF INTEREST RECEIVED AND TAX WITHHELD

Table with 3 main sections: CLIENTS' ACCOUNTS, MANAGED ACCOUNTS, and OWN ACCOUNTS. Each section has columns for GROSS INTEREST and TAX WITHHELD, with line numbers 9-15, 16-22, and 23-29 respectively. A final row (30) for TOTAL TAX WITHHELD is highlighted.

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

Section C - SUMMARY OF INTEREST PAID/CREDITED AND TAX WITHHELD

DEPOSITORS' ACCOUNTS

	GROSS INTEREST	TAX WITHHELD
BOJ/MOF Securities		31
Repos by BOJ		32
Secondary Market Transactions and Derivatives		33
Commercial Papers, Bonds, etc.		34
Loans/Deposits		35
Other (Specify): _____		36
Total (Add Lines 31, 32, 33, 34, 35 and 36).		37

CLIENTS' MANAGED ACCOUNTS

	GROSS INTEREST	TAX WITHHELD
BOJ/MOF Securities		38
Repos by BOJ		39
Secondary Market Transactions and Derivatives		40
Commercial Papers, Bonds, etc.		41
Loans/Deposits		42
Other (Specify): _____		43
Total (Add Lines 38, 39, 40, 41, 42 and 43)		44
TOTAL TAX WITHHELD (Add Lines 37 and 44) (Transfer to Line 54 below)		45

Section D - SUMMARY OF INTEREST PAID TO EXEMPTED PERSONS

NIS Fund	46
Eligible Pensioners and Golden Agers.	47
Credit Union League (Direct Investment)	48
Small Account Exemption (Individuals only)	49
Long-term Savings Account (LSA) (5 years minimum)	50
Other Exempt Bodies	51
Total Interest Paid (Add Lines 46, 47, 48, 49, 50 and 51)	52

Section E - TAX COMPUTATION

Tax Withheld on Interest Received (Transfer from Line 30 overleaf)	53
Tax Withheld from Interest Paid/Credited (Transfer from Line 45 above)	54
If Line 53 is less than Line 54: enter amount at Line 55, if Line 53 is more than Line 54: enter amount at Line 56	
Balance Tax Payable (Enter POSITIVE balance at this line)	+ 55
Balance Tax Refundable (Enter NEGATIVE balance at this line)	- 56

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

Section F - DECLARATION

We declare that to the best of my/our knowledge and belief all the particulars given above including the total amount of interest paid to depositors/other persons by me/us for the period stated above are in every respect fully and truly stated. This Declaration is made with the full knowledge and understanding that any false statement made herein by me/us or on my/our behalf will render me/us liable to penalties and/or criminal proceedings.

Name of Manager/Responsible Officer

Position/Title

Signature of Manager/Responsible Officer

Date

NOTES AND INSTRUCTIONS

This Return should be submitted monthly to the Inland Revenue Department and the relevant payment made within fourteen (14) days after the end of the calendar month in which the interest was paid. Refunds will be processed within twenty-one (21) days of the submission of the Quarterly Return to the Taxpayer Audit and Assessment Department.

Failure to pay over the tax within fourteen (14) days will result in an increase in the tax at a rate of 50% per annum for each day it remains unpaid.

If the tax was not deducted, it shall be treated as if it were deducted and increased at a rate not exceeding 50% per annum for each day it remains unpaid.

Persons who are not required to set off Tax Withheld on Interest Paid against Tax Withheld on Interest Received are NOT required to complete Section B.

At Section D, Line 47, the term "Eligible" means "up to the limit approved by the Commissioner of Taxpayer Audit and Assessment."

FOR OFFICIAL USE

Refund \$	Refund Order No.
Certifying Officer's Name	Signature: <input type="text"/> Date
Authorizing Officer's Name	Signature: <input type="text"/> Date
Batch Number	Date Dispatched to Revenue Accounts (Inland Revenue Department)
1. Cheque Signing Officer's Name	Signature: <input type="text"/> Date
2. Cheque Signing Officer's Name	Signature: <input type="text"/> Date

Remarks**OFFICIAL STAMPS ONLY****FOF Endorsement**