



QUARTERLY 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), if appropriate, 8. Contact Number(s)

Section B - SUMMARY OF INTEREST RECEIVED AND TAX WITHHELD

Table with 3 columns: Account Type (CLIENTS' ACCOUNTS, MANAGED ACCOUNTS, OWN ACCOUNTS), GROSS INTEREST, TAX WITHHELD. Includes sub-totals and a final TOTAL TAX WITHHELD row.

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 58 below)		45

Section D - REMITTANCE DETAILS

Month (within Quarter)	Total Interest Received	Tax Withheld on Interest Received	Total Interest Paid	Tax Withheld on Interest Paid	Withholding Tax Remitted
					46
					47
					48
TOTALS: ▶					49

Section E - SUMMARY OF INTEREST PAID TO EXEMPTED PERSONS

NIS Fund	50
Eligible Pensioners and Golden Agers	51
Credit Union League (Direct Investment)	52
Small Account Exemption (Individuals only)	53
Long-term Savings Account (LSA)(5 years minimum)	54
Other Exempt Bodies	55
Total Interest Paid (Add Lines 50, 51, 52, 53, 54 and 55)	56

Section F - TAX COMPUTATION

Tax Withheld on Interest Received (Transfer from Line 30 overleaf)	57
Tax Withheld from Interest Paid/Credited (Transfer from Line 45 above)	58
Less: Total Tax Remitted (Transfer from Line 49 above)	59
Net Tax Withheld from Interest Paid/Credited (Subtract Line 59 from Line 58)	60
If Line 57 is less than Line 60: enter amount at Line 61, if Line 57 is more than Line 60: enter amount at Line 62	
Balance Tax Payable (Enter POSITIVE balance at this line)	+ 61
Balance Tax Refundable (Enter NEGATIVE balance at this line)	- 62

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

Section G - 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 quarterly to the Collector of Taxes and should be accompanied by a copy of the entity's Financial Statement filed with the Securities Commission or Central Bank detailing interest paid, interest received and other related information, agreeing with the Return and the Commissioner's/original copy of Withholding Tax Certificate of Interest Received.

Refunds will be processed within 21 days of the submission of this Return to Tax Administration Jamaica and payments made after receipt of evidence of payment of estimated tax for the quarter and filing of the Declaration of Estimated Income and Tax Payable (IT07) and the Return of Income and Tax Payable Organizations (Bodies Corporate) IT02 for the previous year.

At Section E, Line 51, the term "Eligible" refers to "up to the limit approved by the Commissioner General."

Remarks

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

OFFICIAL STAMPS ONLY**FOF Endorsement**