



THE GENERAL CONSUMPTION TAX ACT  
**GENERAL CONSUMPTION TAX RETURN**  
 ( GENERAL INSURANCE ACTIVITIES )

**FORM 4E**

*Please Read Instructions Overleaf before Completing this Return*

<b>Section A: GENERAL INFORMATION</b>	1. Name of Business	2. Taxpayer Registration Number (TRN)
	4. Address of Business	3. Return Period (Year- Month -Day to Year Month-Day) 2 0 0 1 to 2 0 0 1
		5. Tick if applicable. <input type="checkbox"/> New Address <input type="checkbox"/> Revised Return

**Section B: SUPPLIES (Goods & Services)**

Total Supplies for Period (Excluding Import Services) ..... 6

Exempt Supplies	Net Agency Activities	Zero Rated Supplies	=	
7	8	9		10

Taxable Supplies taxable at a positive rate ..... 11

**Section C: OUTPUT TAX**

Supplies to Tax Withholding Entities (TWEs) at Standard Rate	12	x	Rate %	=	13
Supplies to other Entities at Standard Rate	14	x	%	=	15
Supplies to TWEs at Other Rate ( Transfer totals from Section C1 overleaf )	16				17
Supplies to other Entities at Other Rate(Transfer totals from Section C1 overleaf)	18				19
Imported Services (Not to be included in Line 6 above)	20	x	%	=	21
Net GCT Remittances Collected (Column (h) Total, Section C2 overleaf)					22
GCT due on Goods Used for Exempt Activities, Personal Use and other Adjustments					23
Total Output Tax (Add Lines 13, 15, 17, 21,22 and 23)					24

**Section D: INPUT TAX/TAX CREDIT**

Total Purchases & Expenses that qualify for credit. .... 25

Imported Goods	Local Purchases	Local Expenses	=	
25	26	27		28

**Note: If Exempt Supplies exceed 5% of Total Supplies, complete Section D1 overleaf. If not, complete relevant Lines below**

GCT on Local Purchases & Expenses that qualify for credit	29
GCT on Imports that qualify for credit	30
GCT on Capital Goods that qualify for credit	31
GCT withheld by Tax Withholding Entities (To claim this tax credit, return must be e-filed)	32
GCT on Imported Services	33
Adjustments - Specify:	34
Total Input Tax (Add Lines 29, 30, 31, 32, 33 and 34)	35

**Section E: GCT PAYABLE / (CREDITABLE)**

GCT Payable/(Creditable) (Subtract Line 35 from Line 24)	36
Balance Brought Forward: Payable/(Creditable)	37
Total GCT Payable/(Creditable) (Add Lines 36 and 37)	38
GCT Being Paid this Period	39
If amount at Line 36 is negative, tick appropriate box at Line 40	40 <input type="checkbox"/> Refund <input type="checkbox"/> Credit

**OFFICIAL USE**

**Preparer's Details - (To be completed if prepared by person other than Taxpayer)**

Preparer's Name (Individual/Firm)	Address	TRN:
		Contact Number:

**Section F: DECLARATION: (To be signed by Taxpayer only)**

I declare that to the best of my knowledge and belief this is a true and correct statement of the information and particulars given on this form.

Name of Responsible Officer \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Official Stamp

**Section C1 - OUTPUT TAX ON SUPPLIES AT RATES OTHER THAN STANDARD RATE**

For each row, enter supplies that are taxable at the same rates other than Standard Rate and calculate the Tax thereon.  (Transfer Total of (a) to Line 16, (c) to Line 17, (d) to Line 18 & (f) to Line 19 overleaf. Total (See note above) ▶	Supplies to Tax Withholding Entities	Rate (%)	GCT	Supplies to Other Entity	Rate (%)	GCT
	(a)	(b)	(c)	(d)	(e)	(f)

**Section C2 - AGENCY ACTIVITIES**

For the Return Period:

(a) Taxpayer Registration Number (TRN)	(b) Name of Insurance Company	Premiums			Commissions		(h) Net Remittance to Insurance Co. (h) = (e) - (g) (\$)	
		(c) Taxable	(d) Non-Taxable	(e) GCT	(f) Amount	(g) GCT		
<b>Transfer column (h) total to Section B, Line 22 - Overleaf</b>		<b>TOTAL ▶</b>						

**Section D1 - GCT THAT QUALIFIES FOR CREDIT**

**If you have Exempt Sales/Supplies more than 5% of your Total Sales/Supplies, complete the Table below**

<b>GCT ON:</b>	Total GCT on Items (\$)	GCT Not Subject to Apportionment (\$)	GCT to be Apportioned (\$)	Portion Related to Taxable Sales (%)	Apportioned GCT (\$) <i>(e) = (c) x (d)</i>	GCT that Qualifies for Credit (\$) <i>(f) = (b) + (e)</i>
	(a)	(b)	(c)	(d)	(e)	(f)
Local Purchases & Expenses . . . . .	1					
Imports . . . . .	2					
Capital Goods . . . . .	3					
Imported Services . . . . .	4					

**Transfer amounts determined in column (f) to the relevant Lines in Section D; Transfer Line 1(f) to Line 29, Line 2(f) to Line 30, Line 3(f) to Line 31 and Line 4(f) to Line 33,**

**INSTRUCTIONS**

THIS FORM IS TO BE COMPLETED ONLY BY REGISTERED TAXPAYERS FILING GCT RETURNS WHO CARRY OUT GENERAL INSURANCE ACTIVITIES. IN ADDITION TO COMPLETING THE RETURN FORM, BROKERS AND AGENTS ARE REQUIRED TO COMPLETE

SCHEDULE A - AGENCY ACTIVITIES (see below)

Please TYPE or PRINT the required information. Use blue or black ink pen only. Do not use a pencil. All dollar value amounts should be rounded to the nearest whole number.

**Section B: SUPPLIES (Goods & Services)**

Insurance Companies must enter in Box 8 the net premiums received from Brokers and Agents during the period.

**Section C : OUTPUT TAX**

Treat the full amount paid for the imported services as the deemed supply (Enter amount in Line 20) and apply the applicable rate.

Insurance Companies should not complete Line 22 of this Section as the tax has been remitted by Brokers or Agents. Brokers and Agents must complete this part based on data in Schedule A and will need to calculate the tax due and enter the amount at Line 22.

**NOTE: If a refund is requested and has not been received by the time the next Return is filed, do not take a credit against the tax**