



THE STAMP DUTY ACT
 RETURN OF STAMP DUTY ON INSTRUMENTS
 AS PER COMPOSITION AGREEMENT

SD02

i This form is to be completed by any person who have entered into a Composition Agreement with the Commissioner General, Tax Administration under either Section 15, Section 30, Section 57 or Section 80A of the

This return is due periodically; as per Composition Agreement, and may be submitted at any Tax Office or on-line at www.jamaicatax.gov.jm

Section A - GENERAL INFORMATION

1. Name of Person	2. Taxpayer Registration Number (TRN) _____
3. Business Address (Street No. and Name, Postal Zone and Parish)	4. Return Period Year _____ Month _____ Day _____ Year _____ Month _____ Day _____ to _____
	5. Telephone Number(s) (a) Land Line: _____ (b) Mobile: _____
6. Fax Number _____	7. E-mail Address _____
8. Tick if applicable <input type="checkbox"/> New Address <input type="checkbox"/> Revised Return (Give reason below)	

REASON FOR REVISED RETURN:

Section B - COMPOSITION OF STAMP DUTY ON DOCUMENTS (Continue Overleaf)

(a) Type of Document	(b) Number of Documents	(c) Value of Document(s)	(d) Rate applicable to Number of Documents	(e) Rate applicable to Value of Document(s)	(f) Stamp Duty

Section C - STAMP DUTY PAYABLE

Stamp Duty payable for period (Total Section B, column (f)) 9	OFFICIAL USE ONLY
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Section D - PREPARER'S DETAILS (Complete if form not prepared by Responsible Officer)

Name of Preparer	Address of Preparer	TRN	
		Contact Number	

Section E - DECLARATION

I declare, to the best of my knowledge and belief, that the above information is true and correct.

Name _____ Title _____
 Signature _____ Date _____

