



Who completes this form and when and where to file

- This form should be completed by *Registered Charitable Organizations*
- Write figures to the nearest Dollar. **Do not show Cents**
- Complete Sections A to G and all relevant Schedules and Financial Statements. Attach all supporting documents where required. Where schedules are not submitted, the Return will be considered incomplete
- This Return can be filed at any Revenue Service Centre, Tax Office or online @www.jamaicatax.gov.jm, between January 1, 2016 and March 15, 2016

Return type: First Return for Year of Assessment Revised Return (State reason below)

Section A – GENERAL INFORMATION

1. Name of Registered Entity	2. TRN	3. DCFS Registration Number (Attach Certificate)	4. Number of Branches
5. Business Address		6. Mailing Address (If different from 5)	
<small>Shop/Unit No. and Complex/Plaza Name</small>		<small>Shop/Unit No. and Complex/Plaza Name</small>	
<small>Street Number and Street Name</small>		<small>Street Number and Street Name</small>	
<small>City/Town/District</small>		<small>City/Town/District</small>	
<small>Post Office</small>	<small>P.O. Box</small>	<small>Post Office</small>	<small>P.O. Box</small>
<small>Parish</small>	<small>Postal Code</small>	<small>Parish</small>	<small>Postal Code</small>
<small>Country</small>		<small>Country</small>	
7. Date Registered (YYYY/MM/DD)	8. Telephone Number	9. Fax Number	10. Email Address
11. Type of Entity: <input type="checkbox"/> Limited <input type="checkbox"/> Unlimited <input type="checkbox"/> Other (state below)		12. Number of Members: Number of Males: Number of Females:	13. Number of Volunteers:
14. During the Year of Return did the organization:			
a) Make any payment for Management Fees and/or Professional Fees such as Lawyers, Accountants, Auditors, Surveyors, etc.? (If yes, complete Schedule G)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Hire anyone to provide any construction services from which you should have withheld Contractor's Levy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

- c) Employ any person from whose salaries or wages you were required to withhold statutory payments? Yes No
- d) Give any benefits to Principal Member(s) or Connected Person(s)? (If yes complete Schedule 8) Yes No
- e) Conduct any transaction with an Affiliated Company or Connected Person? (If yes, complete and attach Schedule 8) Yes No
- f) Import any goods? Yes No

15. For which year was the last Employers Annual Return (S02) filed and paid?

Section B –SOURCE OF INCOME – (Complete the applicable Schedule(s) for each Source of Income)

DONATIONS:

International Funding Agencies (<i>Transfer from Schedule A</i>)	1	
Foreign Companies and Individuals	2	
Local Funding Agencies (<i>Transfer from Schedule C</i>)	3	
Local Companies and Individuals	4	
Total Donations (<i>Add Lines 1 to 4</i>)	5	
Government Subventions (<i>Transfer from Schedule E</i>)	6	
Investment Income (<i>Transfer from Schedule F</i>)	7	
Rental Income	8	
Fund Raising Activities (<i>Attach Financial Statement</i>)	9	
Other Sources of Income (<i>Attach Financial Statement</i>)	10	
Total Income from all sources (<i>Add Lines 5 to 10</i>)	11	

Section C – EXPENSES

Administrative Expenses:

Salary and Wages	1	
Staff Welfare	2	
Employer's Statutory Contributions: NIS,NHT, Ed Tax, HEART	3	
Management and Professional Fees (<i>Transfer from Schedule G</i>)	4	
Rental Expense (<i>Transfer from Schedule H</i>)	5	
Other Expenses	6	
Total Administrative Expenses (<i>Add Lines 1 to 6</i>)	7	

Programme Expenses:

Housing	8	
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Welfare (food, medical supplies etc.)	9	
Community Assistance	10	
Scholarship and Grants	11	
Other Programme Expenses	12	
Total Programme Expenses (Add Lines 8 to 12)	13	
Total Expenses (Add lines 7 and 13)	14	
Section D – SURPLUS/DEFICIT		
Current Surplus/(Deficit) (Section B Line 10 less Section C Line 14)	1	
Surplus/(Deficit) brought forward	2	
Surplus/(Deficit) carried forward (Add Lines 1 and 2)	3	
Section E – CHARGEABLE INCOME		
Current Surplus/(Deficit) (Section D, Line 1)	1	
Total Exempted Income (Section D, Line 1)	2	
Chargeable Income (Line 1 less Line 2)	3	
Section F – COMPUTATION OF INCOME TAX PAYABLE/(REFUNDABLE)		
Chargeable Income (Section E Line 3)	1	
Tax on chargeable Income	2	
REFUNDABLE TAX CREDITS (Attached Certificates/Supporting Documents)		
Tax withheld from dividends from companies resident in Jamaica (Attach Certificates)	3	
Tax withheld from interest from companies resident in Jamaica (Schedule F)	4	
Tax withheld from Other Sources of income earned in Jamaica (Attach Certificates)	5	
Total Refundable Tax Credits (Add Lines 3 to 5)	6	
NET TAX PAYABLE/(REFUNDABLE) (Line 2 less Line 6)	7	
Refundable Tax already Received	8	
Balance Payable/(Refundable) (Line 7 less Line 8)	9	

Section G - PRINCIPAL OFFICER/EMPLOYEE BENEFITS

TRN	Name of Principal Officer/Employee	Director's Remuneration	Housing Benefits	Motor Vehicle Benefits	Other Benefits	Total

Section H – ATTACHMENTS

In the table below, tick (✓) the box relevant to the Forms and other documentation that you are attaching to this Return. Use additional space to list items not included in the Table.

Failure to complete and attach the required documentation will result in your Return being determined incomplete and subject to possible penalties

<input type="checkbox"/> Audited Financial Statements	<input type="checkbox"/> DCFS Certificate	<input type="checkbox"/> Schedule A – Int'l Funding Agencies
<input type="checkbox"/> Schedule B – Major Foreign Donors	<input type="checkbox"/> Schedule C - Local Funding Agencies	<input type="checkbox"/> Schedule D – Local companies Individuals ≥ \$1M
<input type="checkbox"/> Schedule E – Government Subvention	<input type="checkbox"/> Schedule F – Investment Income	<input type="checkbox"/> Schedule G – Mgmt & Professional Fees
<input type="checkbox"/> Schedule H – Rental of Properties	<input type="checkbox"/> Schedule I – Secretaries	<input type="checkbox"/> Schedule I – Board of Directors

Section I – PREPARER'S DETAILS

Section I – PREPARER'S DETAILS			FOR OFFICIAL USE
Preparer's Name	Preparer's Address	TRN	
		Contact Number	

Section J – DECLARATION (To be signed by Secretary or Responsible Officer only)

NOTE: Any false statement made herein by you or on your behalf will render you liable to penalties and/or criminal proceedings

I declare, to the best of my knowledge and belief, that this Return and accompanying schedules and statements are a true, correct and complete representation of the whole of the income of: _____ for the year 2015

Name of Organization

Name of Responsible Officer	Title/Office
Signature	Date

Schedule A

Donation - International Funding Agencies

Name Of Donor	Country of Donor	Currency	Ja\$ Amount
Total (Transfer to Section B, Line 1)			

Schedule C
Donation - Local Funding Agencies

TRN of Agency	Name of Agency	Amount
Total (Transfer to Section B, Line 3)		

Schedule D

Donation - Local Companies and Individuals ≥ \$1,000,000.00

- TRN of Donor	Name of Donor	Amount

Schedule E

Government Subvention

TRN	Name of Ministry, Department or Agency	Amount
Total (Transfer to Section B, Line 6)		

Schedule F
Investment Income

(Note: Attach Supporting documents and detailed listing of Payer)

Interest Income				
Type of Interest	Gross Income		Tax Withheld	
BOJ/MOF Securities	1a		1b	
Repo by BOJ	2a		2b	
Secondary Market Transactions & Derivatives	3a		3b	
Commercial Papers, Bonds, etc.	4a		4b	
Deposits	5a		5b	
Other Interest Income: <i>(Specify below)</i>				
Total Other Interest Income/Tax Withheld <i>(Add Other Interest Lines)</i>	6a		6b	
Total Interest Income/Tax Withheld <i>(Add Line 1 to 5 and Line 6)</i>	7a		7b	
Dividend Income				
TRN of Payer	Name of Payer	Gross Income	Tax Withheld	
Total Dividend Income/Tax Withheld <i>(Transfer 8b to Section F, Line 4)</i>		8a		8b
Other Investment income				
Type of Income	TRN of Payer	Name of Payer	Gross Income	Tax Withheld
Total Other Investment Income/Tax Withheld <i>(Transfer to Section F, Line 5)</i>		9a		9b
Total Investment Income <i>(Add Lines 7a, 8a and 9a transfer to Section B, Line 5)</i>		10a		
			Total Tax Withheld <i>(Add Lines 7b, 8b and 9b)</i>	10b

Schedule G
Management and Professional Fees

TRN	Name of Service Provider	Nature of Service: Management, Professional (Accounting, Audit, Legal etc.)	Amount
Total (Transfer to Section C – Line 4)			

Schedule H
Rental of Properties

TRN	Name of Owners (Organization or Individual)	Address of Property	Gross Rent Expense for Year
Rental Expense (Transfer to Section C line 5)			

Schedule I
Secretaries

TRN	Name	Address	Date of Appointment	Nationality	Contact Number	Email Address

Schedule J
Board of Directors

TRN	Name	Address	Date of Appointment	Nationality	Contact Number	Email Address