



THE INCOME TAX ACT
**RETURN OF PAYMENTS MADE AND TAX WITHHELD
 (SPECIFIED SERVICES)**

i This form is to be completed and submitted with supporting documents by any person designated under the Income Tax Act as a Tax Withholding Agent for Specified Services.

This return is due within fourteen days after the end of any month in which the invoice for the specified services was paid and must be filed on-line at www.jamaicatax.gov.jm

Section A: GENERAL INFORMATION

1. Name of Tax Withholding Agent		2. Taxpayer Registration Number (TRN)													
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Year</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Year</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">to</td> <td colspan="2"></td> </tr> </table>		Year	Month	Day	Year	Month	Day				to		
Year	Month	Day	Year	Month	Day										
			to												
4. Address of Tax Withholding Agent		5. Mailing Address (if different from 4)													
6. Telephone:	7. Fax Number:	8. E-mail Address:	9. Tick Appropriate Box:												
			<input type="checkbox"/> New Address <input type="checkbox"/> Revised Return (State reason)												

10. Reason for Revised Return:

Section B: SUMMARY OF CERTIFICATES ISSUED (Complete Schedule 1 Overleaf)

Total number of Income Tax Withholding Certificates issued for period	1	
Total value of services received for period (Schedule 1, total column (f))	2	

Section C: INCOME TAX WITHHELD/PAYABLE

Total Tax Withheld/Payable for the period
 (Schedule 1, total column (h)). **3**

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

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

OFFICIAL USE

Section D - DECLARATION

Note: Any false statement herein will render you liable to penalties and/or criminal proceedings.

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

Name of Responsible Officer	Title
Signature	Date

