



THE INCOME TAX ACT
ANNUAL RETURN OF INCOME AND TAX PAYABLE
ORGANIZATIONS (BODIES CORPORATE)

IT02

Year of Assessment

Please Read Notes before Completing this Return

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Section A - GENERAL INFORMATION

1. Company Name	2. Taxpayer Registration Number -
3. Business Address (Street No. & Name, Postal Zone, Parish)	4. Business Mailing Address (if different from 3.)
5. Please select category for company:	
<input type="checkbox"/> Regulated company <small>Companies regulated by Financial Services Commission (FSC); Bank of Jamaica (BoJ); Office of Utilities Regulation (OUR) or Ministry of Finance (MoF) - apply tax rate for regulated companies at Line 34</small>	<input type="checkbox"/> Large unregulated company <small>Companies not regulated by FSC/ BoJ/ OUR/ MoF with gross income (boxes 8, 15, 19, 20 & 21) above or equal to \$500M - apply tax rate for large unregulated companies at Line 34</small>
<input type="checkbox"/> Unregulated company (Other than large) <small>Companies not regulated by FSC/ BoJ/ OUR/ MoF with gross income (boxes 8, 15, 19, 20 & 21) below \$500M apply tax rate for unregulated companies (other than large unregulated companies) at Line 34</small>	
6. Indicate Incentive Act to which you are subject (if applicable):	7. Tick appropriate box:
<input type="checkbox"/> ESOP <input type="checkbox"/> Industrial <input type="checkbox"/> Hotel <input type="checkbox"/> Cement Industry <input type="checkbox"/> Urban Renewal <input type="checkbox"/> Resort Cottages <input type="checkbox"/> Export Industry <input type="checkbox"/> Petrol Refining <input type="checkbox"/> Shipping <input type="checkbox"/> Motion Picture <input type="checkbox"/> Other (state):	<input type="checkbox"/> New Address <input type="checkbox"/> Revised Return

Section B - SUMMARY OF INCOME (Attach Financial Statements and Tax Computation)

Gross Receipt /Sales/Income	8		
Cost of Sales/Operations	9		
Gross Operating Profit (Subtract Line 9 from line 8)		10	
Business/Administrative Expenses	11		
Adjustments (Attach Schedule 1)	12		
Total Expenses (Subtract Line 12 from Line 11)		13	
Net Profit (Subtract Line 13 from Line 10)		14	
Gross Rental from Land, House or other Property	15		
Rental Expenses (Attach Schedule 1)	16		
Net Rental (Subtract Line 16 from Line 15)		17	
Dividends, Interest, Investment, Annuities and Discounts (Attach Schedule 4)		18	
Partnership Income		19	
Sources Outside the Island (Attach Schedule 4)		20	
Other Income (Attach Schedule 4)		21	
Total Income (Add Lines 14, 17, 18, 19, 20 & 21)		22	
Total Gross Wages and Salaries paid		23	

Section C - DEDUCTIONS

Total Capital Allowances (Business & Rental Assets - Attach Schedule 2)	24		
Losses for Previous Years (Brought forward)	25		
Covenanted Donations (Attach Schedule 4)	26		
Franked Income (If included in Section B above)	27		
Total Deductions (Add Lines 24, 25, 26 & 27)		28	

Section C - DEDUCTIONS (Continued from overleaf)

Chargeable Income before Donations (Subtract Line 28 from Line 22)	29	
Donations (Attach Schedule 4) (Please see Notes for calculation)	30	
Chargeable Income after Donations (Subtract Line 30 from Line 29)	31	

Section D - TAX COMPUTATION

Dividends received from Companies Resident in Jamaica	32	
Chargeable Income (Subtract Line 32 from Line 31)	33	
Tax on Chargeable Income less dividends received at Line 32 (Line 33 x applicable rate - See Notes)	34	
Tax on Dividends Received from Companies Resident in Jamaica (See Notes)	35	
Total Tax on Chargeable Income (Add Lines 34 & 35)	36	

CREDITS:

Tax Deducted from Distribution Received (Attach Certificates)	37	
Double Taxation Relief (Attach Certificates)	38	
Tax Relief in respect of Incentive Income	39	
Other Credits (Not including refunds claimed from previous years)	40	

Total Credits (Add Lines 37, 38, 39 & 40)	41	
NET TAX PAYABLE (Subtract Line 41 from Line 36)	42	
Estimated Tax Paid	43	
TAX PAYABLE/(REFUNDABLE) (Subtract Line 43 from Line 42)	44	

Section E - BENEFIT FOR PRINCIPAL MEMBERS

Taxpayer Registration Number	Name	Description of Benefit	Value	Amount Deducted

Section F - DECLARATION

FOR OFFICIAL USE

To be signed by; Company Secretary, Board Members or Senior Officers only; Representatives, Agents and Paid Preparers please complete Representative's Details below.

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

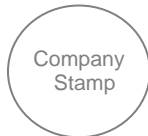
I declare, to the best of my knowledge and belief, that this return and accompanying schedules and statements are a true, correct and complete representation of the whole of the income of _____ for the year stated.
 (company's name)

Name

Title/Position

Signature

Date



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

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