



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

IT02

Year of Assessment

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Please Read Notes and Instructions before Completing this Return

Section A - GENERAL INFORMATION		2. Taxpayer Registration Number
1. Company Name		
3. Registered Office (Street No. & Name, Postal Zone and Parish)		4. Business Mailing Address (if different from 3.)
5. Indicate Incentive Act to which you are subject (Tick appropriate box, if applicable):		6. Tick appropriate box:
<input type="checkbox"/> ESOP <input type="checkbox"/> Industrial <input type="checkbox"/> Hotel <input type="checkbox"/> Cement Industry <input type="checkbox"/> Resort Cottages <input type="checkbox"/> Export Industry <input type="checkbox"/> Motion Picture <input type="checkbox"/> Petrol Refining <input type="checkbox"/> Shipping <input type="checkbox"/> Urban Renewal <input type="checkbox"/> Other		<input type="checkbox"/> New Address <input type="checkbox"/> Revised Return

Section B - SUMMARY OF INCOME (Attach Financial Statements and Income Tax Computation)		
Gross Receipt /Sales/Income	7	
Cost of Sales/Operations	8	
Gross Operating Profit (Subtract Line 8 from Line 7)		9
Business/Administrative Expenses	10	
Adjustments (Attach Schedule 1)	11	
Total Expenses (Subtract Line 11 from Line 10)		12
Net Profit (Subtract Line 12 from Line 9)		13
Gross Rental from Land, House or other Property	14	
Rental Expenses (Attach Schedule 1)	15	
Net Rental (Subtract Line 15 from Line 14)		16
Dividends, Interest, Investment, Annuities and Discounts (Attach Schedule 4)		17
Sources Outside the Island (Attach Schedule 4)		18
Other Income (Attach Schedule 4)		19
Total Income (Add Lines 13, 16, 17, 18 & 19)		20

Section C - DEDUCTIONS		
Total Capital Allowances (Business & Rental Assets- Attach Schedule 2)	21	
Losses for Previous Years (Brought forward)	22	
Covenanted Donations (Attach Schedule 4)	23	
Franked Income (If included in Section B above)	24	
Total Deductions (Add Lines 21, 22, 23 & 24)		25
Statutory Income before Donations (Subtract Line 25 from Line 20)		26
Donations (Attach Schedule 4) (Please see Notes for calculation)		27
Statutory Income after Donations (Subtract Line 27 from Line 26)		28

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

Section D - TAX COMPUTATION

Income Tax on Chargeable Income (Line 28 x 33 1/3 %)		29	
CREDITS:			
Tax Deducted from Distribution Received (Attach Certificates)	30		
Double Taxation Relief (Attach Certificates)	31		
Income Tax Relief in respect of Incentive Income	32		
Other Credits (Not including refunds from previous years)	33		
Total Credits (Add Lines 30, 31, 32 & 33)		34	
NET TAX PAYABLE (Subtract Line 34 from Line 29)		35	
Estimated Tax Paid		36	
TAX PAYABLE/(REFUNDABLE) (Subtract Line 36 from Line 35)		37	

Section E - BENEFIT FOR PRINCIPAL MEMBERS

Taxpayer Registration Number	Name	Description Of Benefit	Value	Amount Deducted

Section F - DECLARATION

I declare that to the best of my know ledge and belief this is a true and correct Return of the w hole of the income of

(company's name) -----

and a true and correct statement of the information and particulars given in the form and attached documents. This Declaration is made w ith the full know ledge and understanding that any false statement made herein by me or on my behalf w ill render me liable to penalties and/or criminal proceedings.

Name

Signature

Title/Position

Date



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