



Who completes this form and when and where to file

- This form should be completed by Life Assurance Companies
- Write figures to the nearest dollar; **Do not show cents**
- Complete Sections A to I and all relevant Schedules. Attach all supporting documents where required. Where schedules are not submitted, the return will be considered incomplete.
- This return can be filed at any Tax Office or online, after December 31, 2019 and on or before March 15, 2020.

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

Section A – GENERAL INFORMATION

1. Company Name	2. TRN	3. Accounting Period: (YYYY/MM/DD)	
		Begins (Year/Month/Day)	Ends (Year/Month/Day)

4. Business Address			5. Mailing Address (If different from 4)		
Shop/Unit No. and Complex/Plaza Name			Shop/Unit No. and Complex/Plaza Name		
Street Number and Street Name			Street Number and Street Name		
City/Town/District			City/Town/District		
Post Office	P.O. Box		Post Office	P.O. Box	
Parish	Postal Code	Country	Parish	Postal Code	Country

6. Date Trade/Business Started (YYYY/MM/DD)	7. Telephone Number	8. Fax Number
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9. Email Address	10. Place of Incorporation
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11. During the Year of Assessment OR Permitted Accounting Period did the company:

a) Conduct business, trade or earn/receive any income*? Yes No



** If you answered "Yes" to the above question continue in form, however, if you answered "No", go to Section H and Section I to complete form.*

- b) Hire anyone to provide construction services from which Contractor's Levy should have been withheld? Yes No
- c) Make any payment which was subject to withholding tax OTHER THAN the 3% Withholding Tax on Specified Services? Yes No
- d) Make any payment which was subject to the 3% Withholding Tax on Specified Services? Yes No
- e) Employ any person from whose salaries, wages or other emoluments taxes and Statutory Contributions should have been withheld? Yes No

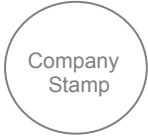
f) Give any benefits to Principal Member(s)/Connected Person(s)? (If yes complete Section F)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Engage in any service or intangible transaction with any company overseas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Conduct any transaction with an Affiliated Company or Connected Person? (If yes, complete Schedule 8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section B – SUMMARY OF INCOME – (Complete the applicable Schedule(s) for each Source of Income)		
Rental Income from Property		
Gross Rental Income from Land, House or Other Property	1	
Rental Expenses	2	
Net Rental Income/(Loss) (Section B Line 1 less Line 2)	3	
Investment Income		
Gross Preference Dividends	4	
Gross Dividends other than Preference Dividends (Franked Income)	5	
Gross Dividends other than Preference Dividends (Un-Franked Income)	6	
Gross Interest Received	7	
Other Investment Income (including Discounts)	8	
Other Distributions	9	
Total Investment Income (Add Section B Lines 4 to 9)	10	
Sources Outside the Island		
Net Business Profits/(Loss)	11	
Gross Dividends	12	
Gross Interest Received	13	
Other Income Outside the Island	14	
Total Income from Sources Outside the Island (Add Section B Lines 11 to 14)	15	
Other Income	16	
Insurance Activities		
<i>Income from Insurance Activities</i>		
Gross Premium Income as per Section 12 (jj)(i), (ii) and (iii) (Transfer from Schedule 9 Line 4)	17	
Gross Annuities (portion not included in Schedule 9)	18	
Other Gross Premium Income	19	
Total Gross Premium Income (Add Section B Lines 17 to 19)	20	
Re-Insurance Premium	21	
Net Premium Income (Section B Line 20 less Line 21)	22	
Reduction in Actuarial Reserves (2015 and after)	23	
Total Income from Insurance Activities (Add Section B Lines 22 and 23)	24	

<i>Expenses from Insurance Activities:</i>			
Policy Benefits	25		
Annuities Expense (excluding portion in relation to Income as per Schedule 9)	26		
Increase in Actuarial Reserves (2015 and after)	27		
Management Expenses	28		
Adjustment to Management Expenses related to Exempt Income	29		
Net Management Expenses (Section B Line 28 less Line 29)	30		
Business and Administrative Expenses (transfer from Schedule 10 – Section 1 Line 32)	31		
Net Adjustments to Business and Administrative Expenses (transfer from Schedule 10 – Section 2 Line 13)	32		
Total Business and Administrative Expenses (Section B Line 31 less 32)	33		
Total Allowable Expenses (add Section B Lines 25, 26, 27, 30 and 33)	34		
Net Profit/(Loss) from Insurance Activities (Section B Line 24 less Line 34)		35	
Total Income from All Sources (Add Section B Lines 3, 10, 15, 16, and 35)		36	
Section C – DEDUCTIONS AND EXEMPTIONS			
Total Capital Allowances (Attach Schedule 2)	1		
Covenanted Donations (Attach Schedule 4 & Proof of Covenant)	2		
Total Income less Capital Allowances and Covenanted Donations (Section B Lines 36 less Section C Lines 1 and 2)		3	
Gross Dividends other than Preference Dividends (Franked Income) (transfer from Section B Line 5)	4		
Premium Income as per Section 12 (jj)(i), (ii) and (iii) (transfer from Section B Line 17)	5		
Other Exemptions (To include Section B Line 6)	6		
Allowable Loss (Transfer from Section D, Line 4)	7		
Other Donations [Restrict to (Section C Lines 3 Less Lines 4, 5, 6, and 7)*(5/105)]	8		
Total Deductions and Exemptions (Add Section C Lines 1, 2, 4, 5, 6, 7, and 8)		9	
Chargeable Income (Section C Line 3 less Lines 4, 5, 6, 7 and 8)		10	
Section D –ALLOWABLE LOSS			
Losses from previous year		1	
Current Loss (equals Section C Line 3 * -1, if Section C Line 3 is negative)		2	
Total Losses available (Add Section D Line 1 and Line 2)		3	
Is business within sixth year of commencement or Gross Sales less than \$3,000,000? (See Note 1 below) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Note 1</i>			
- If Yes – Allowable Loss is restricted to the profits as a result of Section C Line 3 less Section C Lines 4, 5 and 6			
- If “No” – Allowable Loss is restricted to 50% of the profits as a result of Section C Line 3 less Section C Lines 4, 5 and 6			
Allowable Loss (Transfer to Section C Line 7)		4	
Total losses available to carry forward (Section D Line 3 less Line 4)		5	

Name:

TRN:

Section E – COMPUTATION OF INCOME TAX						
TAX ON CHARGEABLE INCOME:						
Gross Dividends other than Preference Dividends (Un-Franked Income) received from companies resident in Jamaica (transfer from Section B Line 6)					1	
Chargeable Income (Transfer from Section C Line 10)					2	
					Chargeable Income	Rate
Tax on Chargeable Income (Transfer value from Section E Line 2) (Restrict to zero if Section E Line 2 is negative)			3	x	4	
Tax Payable on Gross Dividends other than Preference Dividends (Un-Franked Income, Section E Line 1)			5	x	15%	6
Total Tax Payable on Chargeable Income (Add Section E Lines 4 and 6)					7	
NON-REFUNDABLE TAX CREDITS (EXCLUDING MINIMUM BUSINESS TAX) (Attach Certificates/Supporting Documents)						
Double Taxation Relief (Restrict to tax associated with Income at Section B Line 15)					8	
Contractor's Levy (Attach supporting documents)					9	
Tax deducted from Dividends other than Preference Dividends (Un-Franked)					10	
Other Non-Refundable Tax Credits (Attach supporting documents)					11	
Total Non-Refundable Tax Credits (Add Section E Lines 8 to 11)					12	
Tax on Chargeable Income Less Non-Refundable Credits (Section E Line 7 less Line 12; Restrict to zero)					13	
REFUNDABLE TAX CREDITS (Attach Certificates/Supporting Documents)						
Tax deducted from other Distributions (excluding Gross Dividends and Gross Interest received)					14	
Tax deducted from Gross Interest received					15	
3% Tax Withheld on Specified Services			16			
Amount utilized against Estimated Taxes			17			
Amount available as Tax Credits (Section E Line 16 less Line 17)					18	
Other Refundable Tax Credits (Excluding previous refund claimed)					19	
Total Refundable Tax Credits (Add Section E Lines 14, 15, 18 and 19)					20	
Tax on Chargeable Income Less all Tax Credits (Except MBT) (Section E Line 13 less Line 20)					21	
Minimum Business Tax paid (for current Year of Assessment)					22	
NET TAX PAYABLE/(REFUNDABLE) (Section E Line 21 less Line 22; Restrict to negative at Section E Line 21 or zero)					23	
Estimated Tax Paid					24	
Tax Balance Payable/(Refundable) (Section E Line 23 less Line 24)					25	
Section F –PRINCIPAL MEMBERS BENEFITS						
TRN	Name of Principal Member	Distribution of Shares Received	Director Remuneration	Housing Benefit	Other Benefits	Total

Section G – SCHEDULES AND ATTACHMENTS		
<p>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</p>		
<input type="checkbox"/> Financial Statements (including tax computation) <input type="checkbox"/> Schedule 2 – Capital Allowances	<input type="checkbox"/> Schedule 4 – Other Supporting Documents <input type="checkbox"/> Schedule 8 – Declaration of Related Party Transactions	<input type="checkbox"/> Schedule 9 – Exempt Premium Income <input type="checkbox"/> Schedule 10– Business Expenses
Section H – PREPARER'S DETAILS		FOR OFFICIAL USE
Preparer's Name	Preparer's Address	
		TRN
		Contact Number
Section I – DECLARATION (To be signed by taxpayer 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 my income and expenditure for the year 2019.		
_____		_____
Name		Title/Position
Signature		Date

Name:

TRN:

Schedule 9

Exempt Premium Income as per Income Tax Act, Section 12 (JJ) (i), (ii) and (iii)

Source of Exemption		Amount
Premiums received as contributions to a Superannuation Fund or an Approved Retirement Scheme.	1	
Premiums received as payments in respect of annuities purchased from the company by any such fund or scheme.	2	
Premiums received as amounts or earnings arising from the investment of any funds derived from the sale of the annuities and deposited in a separate account established solely for that purpose.	3	
Total <i>(Add Lines 1 to 3 and Transfer to IT04 Section B Line 17)>></i>		4



Name:

TRN:

SCHEDULE 10

Business Expenses

This schedule is to be used by the Life Assurance Companies only

SECTION 1 - BUSINESS AND ADMINISTRATIVE EXPENSES		
Rental and Lease	1	
Repairs and Maintenance	2	
Utilities (Light, Water, Telephone and Data Communication)	3	
General Insurance	4	
Security	5	
Salaries and Wages	6	
Commissions Paid	7	
Donations	8	
Directors Fee	9	
Staff Welfare	10	
Employer's Statutory Contribution (NIS, NHT, Ed Tax and HEART)	11	
Statutory Contribution re Agents: NIS, NHT, Ed Tax and HEART	12	
Pension & Other Post Retirement Expenses	13	
Management Fees	14	
Accounting Fees	15	
Auditing Fees	16	
Legal Fees	17	
Other Professional Fees	18	
Business Licence & Regulatory Fees	19	
Entertainment	20	
Advertising & Public Relations	21	
Royalties/Franchises/Licences/Patent Fees	22	
Travelling	23	
Transportation	24	
Motor Vehicle Expenses	25	
Bank Charges	26	
Interest Paid	27	
Depreciation	28	
Bad Debts	29	
Amortization and impairment of Intangibles	30	
Other Expenses	31	
Total Business and Administrative Expenses (<i>Add Lines 1 to 31, Transfer to Section B Line 31 on IT04</i>)	32	

Name:

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Section 2 – NET ADJUSTMENT FOR BUSINESS EXPENSES			
Items Increasing Income for Tax Purposes			
Depreciation	1		
Donations	2		
Interest Expenses Payable at End of Period	3		
Expenses incurred in acquired fixed assets (to include insurance, freight, custom brokerage)	4		
General Provisions for Bad Debts	5		
Loss on Sales of Fixed Assets	6		
Other items not allowable as expenses that is not wholly and exclusively incurred in earning the income	7		
Total (Add Section 2 Lines 1 to 7)			8
Items Reducing Income for Tax Purposes			
Interest Receivable at Beginning of Period	9		
Profit on Sale of Fixed Assets	10		
Other Items not Subject to Income Tax	11		
Total (Add Lines 9 to 11)			12
Net Adjustment (Section 2 Lines 8 less Line 11), (Transfer to Section B Line 32 on IT04)			13