



RETURN OF INCOME AND TAX PAYABLE
ORGANIZATIONS (LIFE ASSURANCE)

Year of Assessment
[][][][]

Please Read Notes and Instructions before Completing this Return

Section A - GENERAL INFORMATION
1. Company Name
2. Taxpayer Registration Number
3. Registered Office (Street No. and Name, Postal Zone and Parish)
4. Business Mailing Address (if different from 3.)
5. Has the Company been declared a Jamaicanised Company?
6. Place of Incorporation
7. Tick appropriate box:
[] New Address
[] Revised Return

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

INVESTMENT INCOME

Table with columns for description and line numbers (8-16). Rows include: Gross Dividend, Gross Interest, Gross Rental Income, Sources Outside the Island, Other Income, Total Investment Income, Total Management Expenses, Net Investment Income, Gross Premium Income.

Section C - DEDUCTIONS

Table with columns for description and line numbers (17-21). Rows include: Total Capital Allowances, Losses for Previous Years, Covenanted Donations, Franked Income, Total Deductions.

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

Section D - TAX COMPUTATION

Income Tax on Net Investment Income (Line 15 x %)	22	
Income Tax on Premium Income (Line 16 x % for Jamaicanised Company)	23	
Income Tax on Premium Income (Line 16 x % for other Companies)	24	
Total Tax Payable (Add Lines 22, 23 & 24)	25	
CREDITS:		
Tax Deducted from Distributions Received (Attach Listing & Certificates)	26	
Tax Deducted from other Investment Income (Attach Listing & Certificates)	27	
Double Taxation Credit (Attach Certificates)	28	
Other Credits	29	
Total Credits (Add Lines 26, 27, 28 & 29)	30	
Net Tax Payable (Subtract Line 30 from Line 25)	31	
Estimated Tax Paid	32	
Tax Payable/(Refundable) (Subtract Line 32 from Line 31)	33	

Section E - 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

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(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 with the full know ledge and understanding that any false statement made herein by me or on my behalf will render me liable to penalties and/or criminal proceedings.

Name



Signature

Title/Position

Date

FOR OFFICIAL USE

