



Jamaica

THE INCOME TAX ACT
ANNUAL RETURN OF INCOME AND TAX PAYABLE
INDIVIDUALS (PAYE, PENSIONERS etc.)

IT05

Year of Assessment

2 0 1 7

Section A - GENERAL INFORMATION

1. Name (Last Name) (First Name) (Middle Name)
2. Taxpayer Registration Number
3. Home Address (Street No. and Name, Postal Zone, Parish)
4. Mailing Address (If different from 3)
5. Occupation
6. Employer's Name
7. Tick appropriate box:
[ ] New Address [ ] Revised Return

Section B - SUMMARY OF INCOME

INCOME FROM ALL EMPLOYMENT & OFFICES (Attach P24)
Salary, Wages, Bonus, Fees, Commission
Cash Allowances (Travelling, housing, entertainment, etc.)
Annual Value Perquisites (Car, credit cards, etc.)
Annual Value of Quarters or Residence
Income from other Employment (Employers other than Line 8 - Attach P24s)
Total Income from Employment & Offices (Add Lines 8, 9, 10, 11 and 12)
DEDUCT: National Insurance Contributions
Allowable Contributions 15a + 15b (ESOP) =
Total Deductions (Add Lines 14 and 15)
Net Income arising from Employment & Offices (Line 13 less Line 16)
INCOME FROM INVESTMENTS & OTHER SOURCES (Attach Certificates)
Pensions
Dividends Preference Dividend 19a + Ordinary Dividend 19b =
Interest Received (Attach Schedule 4)
Annuities
Trust Income, Alimony
Sources Outside the Island
Non-Executive Directors Fees (For persons 65 years of age and over)
Other Income
Total Income from Investments and Other Sources (Add Lines 18, 19, 20, 21, 22, 23, 24 and 25)
Total Income from all Sources (Add Lines 17 and 26)

Section C - DEDUCTIONS & STATUTORY INCOME

Covenanted Donations (Attach Schedule 4 and proof of covenant)
Total Income less Covenanted Donations (Line 27 less Line 28)
Contributions to Approved Retirement Scheme (Only if Line 15a is nil)
Pension Exemption 31a + Age Exemption 31b + Other Exemptions 31c =
Other Donations (Restrict to (Line 29 less Lines 30 and Line 31)\*(5/105))
Total Deductions & Exemptions (Add Lines 28, 30, 31 and 32)
Statutory Income (Line 29 less Lines 30, 31 and 32)

**Section D - TAX COMPUTATION**

COMPUTATION OF INCOME TAX PAYABLE

Ordinary Dividends Received from Companies Resident in Jamaica (Transfer from Section B, Line 19b) . . . . .						35	
Statutory Income subject to tax at rates of 0%, 25% and 30%. (Line 34 less Line 35) . . . . .						36	
Tax on Net Statutory Income at 0% (Line 36 to the maximum of \$1,375,140.00) . . . . .	37		x	0%	=	38	
Tax on Net Statutory Income at 25% (Line 36 less Line 37 to a maximum of \$4,624,860.00 or less restrict to zero)	39		x	25%	=	40	
Tax on Net Statutory Income at 30% (Line 36 less \$6m restrict to zero) . . . . .	41		x	30%	=	42	
Tax on Ordinary Dividends from companies resident in Jamaica at 15% (See Note 1 below)	43		x	15%	=	44	

**Note 1 -** If Section 12 (1) (z) or (ab) of The Income Tax Act applies, enter tax payable and withheld at Lines 47(a) and 52 respectively; else enter at Line 47(a) only.

Total Tax Payable on Statutory Income (Add Line 38, 40, 42 and Line 44) . . . . .						45	
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**Non-Refundable Tax Credits (Attach Supporting Documents where applicable)**

Double Taxation Relief . . . . .						46	
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Tax on Ordinary Dividends from Companies Resident in Jamaica      Other Non-Refundable tax Credits  
 Attach Supporting Documents

47a		+	47b		=	47	
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Total Non-Refundable Tax Credits (Add Line 46 and Line 47) . . . . .						48	
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Tax on Statutory Income less Non-Refundable Tax Credits (Line 45 less Line 48; Restrict to zero) . . . . .						49	
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**Refundable Tax Credits (Excluding previous refund claims - Attach Certificates and/or Supporting Documents)**

P.A.Y.E. Tax Deducted by Employer (Attach P24's) . . . . .						50	
Tax deducted from Interest Received . . . . .						51	
Tax on Ordinary Dividends from Companies in Jamaica (for pensioners & persons age 65 and over) . . . . .						52	
Other Refundable Tax Credits . . . . .						53	

Total Refundable Tax Credits (Add Line 50, 51, 52 and 53) . . . . .						54	
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<b>NET TAX PAYABLE/(REFUNDABLE)</b> (Line 49 less Line 54) . . . . .						55	
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**Preparer's Details - (To be completed if prepared by person other than Taxpayer)**

**FOR OFFICIAL USE**

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

**Section E - DECLARATION**

**Note:** Any false statement herein 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 my income for the year stated.

\_\_\_\_\_  
Taxpayer's Signature

\_\_\_\_\_  
Date