



THE INCOME TAX ACT  
**DECLARATION OF ESTIMATED INCOME AND TAX PAYABLE**  
**(BODIES CORPORATE AND UNINCORPORATED BODIES)**

**IT07**

Year of Assessment

Accounting Period ▶ Begins 

Year	Month	Day

 Ends 

Year	Month	Day

| 2 | 0 | 1 | 9 |

**Section A - GENERAL INFORMATION** *Please Read Notes before Completing this Return*

1. Entity/Company Name	2. Taxpayer Registration Number												
3. Business Address (Street No. & Name, Postal Zone, Parish)	4. Tick appropriate box: <input type="checkbox"/> New Address <input type="checkbox"/> Revised Return												
5. Type of Entity (Tick one box only - Use applicable rate at Section C based on type of entity indicated below)													
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><u>Users of form IT02</u></td> <td style="width: 33%; border: none;"><u>Users of form IT03</u></td> <td style="width: 33%; border: none;"><u>Users of form IT04</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Regulated Company</td> <td style="border: none;"><input type="checkbox"/> Trust Estate</td> <td style="border: none;"><input type="checkbox"/> Industrial &amp; Provident Society</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Unregulated Company</td> <td style="border: none;"><input type="checkbox"/> Deceased Estate</td> <td style="border: none;"><input type="checkbox"/> Other (State below)</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Building Society</td> <td style="border: none;"><input type="checkbox"/> Life Assurance</td> </tr> </table>	<u>Users of form IT02</u>	<u>Users of form IT03</u>	<u>Users of form IT04</u>	<input type="checkbox"/> Regulated Company	<input type="checkbox"/> Trust Estate	<input type="checkbox"/> Industrial & Provident Society	<input type="checkbox"/> Unregulated Company	<input type="checkbox"/> Deceased Estate	<input type="checkbox"/> Other (State below)		<input type="checkbox"/> Building Society	<input type="checkbox"/> Life Assurance	
<u>Users of form IT02</u>	<u>Users of form IT03</u>	<u>Users of form IT04</u>											
<input type="checkbox"/> Regulated Company	<input type="checkbox"/> Trust Estate	<input type="checkbox"/> Industrial & Provident Society											
<input type="checkbox"/> Unregulated Company	<input type="checkbox"/> Deceased Estate	<input type="checkbox"/> Other (State below)											
	<input type="checkbox"/> Building Society	<input type="checkbox"/> Life Assurance											

**Section B - SUMMARY OF INCOME**

Chargeable Income of immediately preceding year . . . . .	6	
Net Increase/(Decrease) to Income of Previous Year of Assessment (State reason(s) for increase/decrease below) . . . . .	7	
REASON FOR INCREASE/DECREASE TO INCOME		
Estimated Chargeable Income (Add Lines 6 and 7) . . . . .	8	

**Section C - ESTIMATED INCOME TAX LIABILITY**

Dividends received in prior year from companies resident in Jamaica . . . . .	9	
Estimated Chargeable Income net of dividends from companies resident in Jamaica in prior year (Line 8 less Line 9) . . . . .	10	
Tax on Estimated Chargeable Income (Line 10 x Rate ___%) . . . . .	11	
Credits . . . . .	12	
<b>Estimated Income Tax Payable (Line 11 less Line 12)</b> . . . . .	<b>13</b>	

**Section D - ESTIMATED QUARTERLY INCOME TAX PAYMENT**

Estimated Quarterly Income Tax Payable (0.25 x Line 13) . . . . .	14	
Estimated Quarterly Income Tax being paid now . . . . .	15	

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

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

**Section E - DECLARATION**

I declare that the estimated total income shown has been computed in accordance with the provisions of the Income Tax Act and that I have obtained the acceptance of the Commissioner General, Tax Administration Jamaica where such basis has been varied.

Name		Title/Position
Signature		Date

**FOR OFFICIAL USE**

## INSTRUCTIONS

Every taxpayer is required, by law, to compute his estimated income and tax thereon during each year and pay such tax to the Collector of Taxes in four (4) equal instalments on or before the 15th March, 15th June, 15th September and 15th December unless his only source of income is employment. Estimates should be based on the total income for the year immediately preceeding the year of assessment.

---

## NOTES

### Section B - SUMMARY OF INCOME

#### Line 6 - Chargeable Income of immediately preceding year

Enter the amount filed/returned as Chargeable for the preceeding year of assessment.

#### Line 7 - Net Increase/(Decrease) to Income of Previous Year of Assessment

Enter total value of any expected new source of income and/or any increase in current source(s) of income or the total value of reductions to income of the previous year of assessment. Give reason(s) for increases or decreases to previous year Statutory Income. Any reduction MUST be supported with an explanation in box below.

### Section C - ESTIMATED INCOME TAX LIABILITY

#### Line 11 - Tax on Estimated Income

Enter the tax amount calculated on the Estimated Income subject to tax (Line 10). Note that the tax rate applicable is dependent on the entity type indicated at Line 5.