



P.A.Y.E. APPLICATION FOR THE DETERMINATION OF EXEMPTIONS & EXPENSES

P01

Year of Assessment

Please complete ALL sections

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Section A - GENERAL INFORMATION 1. Name: (<i>Last, First, Middle</i>)	2. Taxpayer Registration Number: <table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>	▶																						
▶																								
3. Home Address (<i>Apt. No., Street No. & Name, Postal Zone and Parish</i>)	4. Occupation: 5. Date of Birth: (<i>yyyy-mm-dd</i>)																							

Section B - PRESENT & PAST EMPLOYERS 6. Employer's Name:	7. Employer's Address:
8. Nature of Employment	

Name & address of each previous Employer for the past two years.	Period of Employment	Period of Unemployment	Earnings including Bonus, Overtime etc.	Was tax deducted from your earnings by your employer
	<div style="display: flex; justify-content: space-around; font-size: small;"> yyyy mm dd </div> <div style="display: flex; justify-content: space-between;"> from to </div>	<div style="display: flex; justify-content: space-around; font-size: small;"> yyyy mm dd </div> <div style="display: flex; justify-content: space-between;"> from to </div>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<div style="display: flex; justify-content: space-around; font-size: small;"> yyyy mm dd </div> <div style="display: flex; justify-content: space-between;"> from to </div>	<div style="display: flex; justify-content: space-around; font-size: small;"> yyyy mm dd </div> <div style="display: flex; justify-content: space-between;"> from to </div>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<div style="display: flex; justify-content: space-around; font-size: small;"> yyyy mm dd </div> <div style="display: flex; justify-content: space-between;"> from to </div>	<div style="display: flex; justify-content: space-around; font-size: small;"> yyyy mm dd </div> <div style="display: flex; justify-content: space-between;"> from to </div>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C - DETAILS OF INCOME
 State below the average amount of your salary whether paid in Jamaica or elsewhere, and give details of all cash allowances, perquisites and benefits receivable in respect of your employment in Jamaica. If you receive tips from your patrons you should include these at Line 15.
It is necessary in calculating exemptions and expenses for the above year to have details of all the income receivable in the year. You are required to give below details of such income estimated where necessary to the best of your ability.

Salary or Wages

Average Weekly/Monthly/Annual Salary	10	
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Cash Allowances:

Travelling	11	
Entertainment	12	
House	13	
Subsistence	14	
Tips	15	
Other (<i>specify</i>)	16	

Perquisites:

Free or Partly Free House (<i>Annual Value</i>)	17	
Board.....Annual Value	18	
Car, Estimated Annual Value of private use	19	
Annual Cost of Overheads (<i>electricity, gas, etc..</i>) to employer in relation with your residence	20	
Other (<i>specify</i>)	21	
Income received outside of Jamaica in relation to work done in Jamaica. (<i>convert to Ja dollars</i>)	22	
Annual Contribution to Superannuation Scheme (<i>scheme must be an Approved Scheme</i>)	23	

Expense Allowance claimed - Give details by attaching Schedule 3 (Employees' Expense Claim Form)

Estimated Travelling or other expenses wholly and exclusively incurred in the performance of your duties. (Note: The cost of travel from home to work is not allowable).

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Section D - PENSION (From all sources, ie. NIS, Accountant General & Overseas)

Name of Payer	Address of Payer	Amount
		25a
		25b
		25c
		25d
Total (Add Lines 25a - 25d)		25

Section E - OTHER INCOME

Income arising from rental of Houses, Land or other Property owned by you. Attach a statement showing approximate net rental receivable in the year.

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Estimated Income arising to you from Dividends, Interest on Mortgage, Loans, deposits in accounts in Banks, Building Society Interest and Bonus Unit Trust income or from any other similar source within the Island in the above year. (Attach Schedule 4 & give additional details if needed).

27

Estimated Income arising to you from any source outside the island in the above year excluding pension. (Attach Schedule 4 & give additional details if needed).

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If you claim to be a person not domiciled in the Island or a Commonwealth Citizen not ordinarily resident in the Island give details of any income from such sources receivable in the Island during the above year and indicate by a tick [] below.

I am not domiciled in this Island.

I am a Commonwealth Citizen but I am not ordinarily resident in this Island.

Any other income not entered under any other heading. Describe each source of income and state the amount receivable in the above year from part-time employment, annuities, pensions, casual earnings etc.

29

Profits or Gains estimated to be derived by you from the working of Property, or the occupation or cultivation of lands of every description for the year as stated above.

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30a. State precise nature of the operation.

30b. Name and location of the property.

Section F - DECLARATION

I declare that to the best of my knowledge and belief this is a true and correct return of the whole of my income and a true and correct statement of the information and particulars given in the form and attached documents. This declaration is made with full knowledge and understanding that any false statement made herein or on my behalf will render me liable to penalties and or criminal proceedings.

Name

Signature

Date