



INDIVIDUAL INCOME TAX RETURN FOR 2010

Approved by the Board of Inland Revenue under Section 76 of the
Income Tax Act, Chap. 75:01 and the Finance Act, No. 14 of 1987.



VI 10400ITRP1

REGISTRATION INFORMATION CHANGE

- NAME CHANGE
- ADDRESS CHANGE
- AMENDED RETURN

2010
FORM 400 ITR

IDENTIFICATION SECTION

PLEASE PRINT IN BLOCK LETTERS NAME AND ADDRESS IF DIFFERENT FROM ABOVE. USE BLACK INK ONLY

LAST NAME	<input type="text"/>		BIR File No.	<input type="text"/>
FIRST NAME	MIDDLE NAME	<input type="text"/>		Spouse's BIR File No.
PRESENT ADDRESS (STREET NO. AND NAME)			<input type="text"/>	
<input type="text"/>			PIN # (Electronic Birth Certificate No.)	
CITY OR TOWN	COUNTRY		<input type="text"/>	
<input type="text"/>			VAT Registration No.	
MAILING ADDRESS IF DIFFERENT FROM ABOVE (STREET NO. AND NAME)			<input type="text"/>	
<input type="text"/>			NIS No.	
CITY OR TOWN	COUNTRY		<input type="text"/>	
<input type="text"/>			Driver's Permit No.	
OCCUPATION OR PROFESSION			<input type="text"/>	
<input type="text"/>			National Identification No.	
E-MAIL			<input type="text"/>	
<input type="text"/>			Date of Birth (DD MM YYYY)	
TELEPHONE CONTACT (HOME/OFFICE)			<input type="text"/>	
<input type="text"/>			MOBILE	
<input type="text"/>			<input type="text"/>	
TRADE NAME (IF ANY) SELF EMPLOYED ONLY		TYPE OF BUSINESS		
<input type="text"/>		<input type="text"/>		
ADDRESS OF BUSINESS (STREET NO. AND NAME)				
<input type="text"/>				
CITY OR TOWN		COUNTRY		
<input type="text"/>		<input type="text"/>		

- Please tick the appropriate box
- Resident Male
 - Non-Resident Female
 - Self-employed

TAX COMPUTATION SECTION

INCOME

To Nearest Dollar, Omit Cents/Commas

1	Income from Employment (Government and Non-Government) as per TD4 enclosed	1	<input type="text"/>
2	Retirement Severance Benefit (See Instructions 13 and 31)	2	<input type="text"/>
3	Pensions from sources within/outside T&T	3	<input type="text"/>
4	TOTAL EMOLUMENT INCOME (SUM OF LINES 1 TO 3)	4	<input type="text"/>
5	Less Travelling Expenses (See Instruction 12)	5	<input type="text"/>
6	NET EMPLOYMENT INCOME (LINE 4 MINUS LINE 5)	6	<input type="text"/>
7	Amount Received on Cancellation of Approved Deferred Annuity/Pension Plan	7	<input type="text"/>
8	Employer's contribution to Approved Deferred Annuity/Pension Plan (Taxable Benefit) Section 134(6)	8	<input type="text"/>
9	Net Income from Other Sources (Page 5, Schedule E)	9	<input type="text"/>
10	TOTAL INCOME (Sum of Lines 6 to 9)	10	<input type="text"/>



BIR Number

[Empty box for BIR Number]

DEDUCTIONS

To Nearest Dollar, Omit Cents/Commas

Table with 3 columns: Line number, Description, and Amount. Rows include Tertiary Education Expenses, Total Net Income, Deduct Personal Allowance, Assessable Income, Approved Pension Plan, Contribution to Widows' and Orphans' Fund, National Insurance Payments, Sum of Lines 15 to 17, Employer's NIS Contributions, Approved Capital Expenditure, Alimony/Maintenance Payment, Total Deductions, Chargeable Income, Tax on Chargeable Income, Venture Capital Tax Credit, Income Tax Liability, Business Levy Liability, and final liability/refund entries.

PREPAYMENTS

Table with 3 columns: Line number, Description, and Amount. Rows include Total Income Tax Quarterly Installments Paid, Total Business Levy Quarterly Installments Paid, Tax Deducted on Interest/Dividend Income, Tax Deducted Re: Cancellation of Approved Deferred Annuity/Pension Plan, Income Tax Deducted (Paye) per T.D.4 Certificate/s Enclosed, Total Prepayments, and final balance payable/refund entries.

GENERAL DECLARATION

IT IS AN OFFENCE PUNISHABLE BY FINE OR IMPRISONMENT TO MAKE A FALSE RETURN

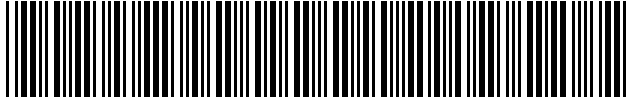
PLEASE SIGN GENERAL DECLARATION

I, declare that in all statements contained herein and in any statement of accounts sent herewith I have to the best of my judgement and belief, given a full and true Return, and particulars of the whole of the Income from every source whatsoever required to be returned under the provisions of the Income Tax Act, Chap. 75:01 and the Finance Act, No. 14 of 1987

Given under my hand this day of, 2011.

..... Signature of Taxpayer, or an Authorized Agent

FOR OFFICIAL USE ONLY
Placed Date Received Stamp Here



VI 10400ITRP3

2010

BIR Number

SCHEDULE A
EMPLOYER'S CONTRIBUTION TO APPROVED FUND OR CONTRACT [Section 134(6) OF THE INCOME TAX ACT]
(See Instruction No. 16)

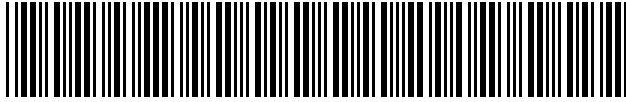
COMPUTATION TO DETERMINE WHETHER BENEFIT IS TAXABLE

To Nearest Dollar, Omit Cents/Commas

Table with 11 rows and 4 columns for tax computation. Rows include Total Emolument Income, Employer's Contributions, Net Income, Total Income, Deductions (Tertiary Education, Pension, Insurance), Subtotal, Deduct Personal Allowance, Chargeable Income, Taxable Benefit, and Total Taxable Benefit.

SCHEDULE B
ALIMONY OR MAINTENANCE PAYMENTS
(Attach Copy of Court Order/Deed of Separation and Proof of Payment)
(See Instruction No. 17)

Form for Schedule B with sections: Name of Spouse, Deed of Separation Court Order or Decree, Address of Spouse, and Withholding Tax Information. Includes fields for first/last name, date, registered no., country of origin, date paid, receipt no., and tax paid.



VI 10400ITRP4

2010

BIR Number

Empty box for BIR Number

SCHEDULE C
VENTURE CAPITAL CREDIT
(See Instruction No. 18)

Table with 7 columns: Venture Capital Company in which investment held, Amount of investment, Highest Marginal Rate of Tax in year, Venture Capital Credit, Credit Brought Forward, Credit Claimed, Credit to be Carried Forward.

Enter total of Column (6) on Page 2, Line 25

SCHEDULE D
HEALTH SURCHARGE COMPUTATION
(See Instruction No. 19)

1. TO BE COMPLETED BY EMPLOYEES AND OTHER INDIVIDUALS WITH EMOLUMENT INCOME

To Nearest Dollar, Omit Cents/Commas

- (1) Total emoluments (Page 1, Line 4 plus Line 8) ... \$
(2) Health Surcharge liability (Rate x No. of weeks)

Table with 3 columns: Rate per week, No. of weeks, Liability. Rows for (a) Income more than \$469.99 per month or \$109.00 per week and (b) Income equal to or less than \$469.99 per month or \$109.00 per week.

- (c) Total liability [Col. 3(a) + 3(b)] ... \$
(3) Health Surcharge Deducted per T.D.4 Certificate attached ... \$
(4) Total Quarterly Installments Paid (Page 10, Schedule R) ... \$
(5) Total Payments (Line 3 plus Line 4) ... \$
(6) If Line 2(c) is greater than Line 5—Balance of Health Surcharge payable ... \$
(7) If Line 2(c) is less than Line 5—Overpayment ... \$

2. TO BE COMPLETED BY INDIVIDUALS WITH INCOME OTHER THAN EMOLUMENT INCOME

To Nearest Dollar, Omit Cents/Commas

- (1) Total Net Income (Page 1, Line 10) ... \$

- (2) Health Surcharge Rate—Tick Appropriate Box
(a) (Income more than \$469.99 per month) ... \$8.25 per week
(b) (Income equal to or less than \$469.99 per month) ... \$4.80 per week

- (3) Health Surcharge Liability [Line 2(a) or (b) x 52 weeks] ... \$
(4) Total Quarterly Installments Paid (Page 10, Schedule R) ... \$
(5) If Line 3 is greater than Line 4—Balance of Health Surcharge payable ... \$
(6) If Line 3 is less than Line 4—Overpayment ... \$



VI 10400ITRP5

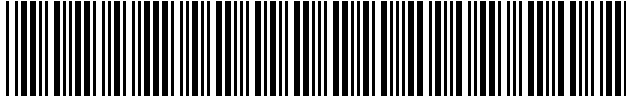
2010

BIR Number

SCHEDULE E
INCOME FROM OTHER SOURCES
(See Instruction No. 20)

To Nearest Dollar, Omit Cents/Commas

Table with 3 columns: Sources of Income Other than Salary or Wages (1), Gross Receipts \$ (2), and Net Profit/Gain or Loss (Lines 1-12) / Net Profit or Gain Only (Lines 13-20) \$ (3). Rows include categories like Short-term Capital Gain, Farming, Professional Services, etc.



VI 10400ITRP6

2010

BIR Number

SCHEDULE F
SHORT-TERM CAPITAL GAINS/LOSSES—Assets Disposed of within 12 months of acquisition
(See Instruction No. 21)

To Nearest Dollar, Omit Cents/Commas

Description of Asset (1)	Date Acquired (2)	Date of Disposal (3)	Cost Plus Allowable Expenses (4) \$	Disposal Proceeds (5) \$	Gain/Loss (6) \$

NET GAIN OR (LOSS)
Enter Gain or Loss on Page 5, Schedule E, Line 1

SCHEDULE G
STATEMENT OF LOSSES
(See Instruction Nos. 21 and 46)

To Nearest Dollar, Omit Cents/Commas

Source of Income (1)	Unrelieved Loss b/f (2)	Loss if any in Current Year (3)	Loss set off in Current Year (4)	Unrelieved Loss c/f (2) + (3) - (4) (5)
(a) Short—Term Capital Gains				
(b) Farming, Agriculture, Fishing, Forestry or other primary activity; Operation of mines or exploitation of natural or mineral resources; Any other Trade or Business				
(c) Professional, Vocational, Personal Services and Technical and Management Skills				
(d) Hotel Operations				

SCHEDULE H
COMPUTATION OF NET INCOME
(See Instruction Nos. 22 and 47)

To Nearest Dollar, Omit Cents/Commas

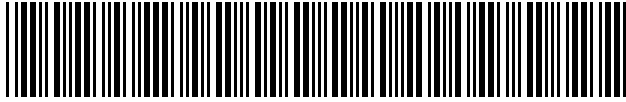
(a) Gain only on Line 3 Schedule E [Enter loss, if any, in Schedule G, Line (a), Column (5)]	<input type="text"/>
(b) Profit (Loss) on Page 5, Schedule E, Line 22	<input type="text"/>
(c) Sub Total [Line (a) plus Line (b)] [If the result is a loss enter (0)]	<input type="text"/>
(d) Profit (Loss) on Page 5, Schedule E, Line 12	<input type="text"/>
(e) Total Lines (c) and (d). [If the result is a Profit enter on Line (e) and transfer total to Page 1, Line 9] [If the result is a Loss enter (0) on Line (e)]	<input type="text"/>

SCHEDULE I
STATEMENT OF FOREIGN INCOME IN TRINIDAD AND TOBAGO CURRENCY
(See Instruction No. 27)

To Nearest Dollar, Omit Cents/Commas

Name of Company or Person from whom Income is received (Group according to Company) (1)	Type of Income (Dividends, Interest, Royalties, Rents, etc.) (2)	Gross Income before deduction of Tax in Foreign Country (3) TT\$	Tax paid in Foreign Country (4) TT\$	Rate of Tax Paid in Foreign Country (5) %	Double Tax Relief (6) TT\$

Enter Total of Column (3) on Page 5, Schedule E, Line 16
Enter Total of Column (6) on Page 2, Line 26



VI 10400ITRP7

2010

BIR Number

[Redacted box]

SCHEDULE J
APPROVED COMMERCIAL FARMING
PROFIT (LOSS) ACCUMULATED DURING TAX EXEMPT PERIOD

(See Instruction No. 31)

To Nearest Dollar, Omit Cents/Commas

Table with 5 columns: (1) Date Approved, (2) Period of Exemption, (3) Profit (Loss) b/f, (4) Profit (Loss) Current Year, (5) Profit (Loss) c/f

On expiration of exempt period carry forward the Net Loss (if any) to Page 5, Schedule E, Line 4

SCHEDULE K
PAYMENTS MADE IN RESPECT OF RENTS

(See Instruction No. 44)

To Nearest Dollar, Omit Cents/Commas

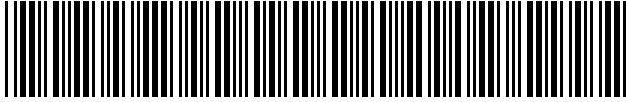
Form for Schedule K with fields: Name of Payee, Resident Status (Y/N), Amount Paid, Last Name, Address of Rental Property, Withholding Taxes Paid, Address of Payee, Street, City/Town

SCHEDULE L
DETAILS OF PROMOTIONAL EXPENSES INCURRED

(See Instruction No. 40)

To Nearest Dollar, Omit Cents/Commas

Table with 2 columns: CATEGORY OF EXPENSES, AMOUNT EXPENDED. Rows include (a) Advertising in foreign markets, (b) Providing promotional literature, (c) Trade fairs, (d) Overseas travel, (e) Free samples, (f) Inviting buyers, (g) Recruitment of sales personnel, (h) Foreign market surveys, TOTAL, and Calculate 150 per cent of amount expended.



VI 10400ITRP8

2010

BIR Number

[Redacted box]

SCHEDULE M
EXPENDITURE ON CONSTRUCTION OR SETTING UP OF
CHILD CARE OR HOMEWORK FACILITY
(See Instruction No. 41)

To Nearest Dollar, Omit Cents/Commas

Table with 5 columns: Location of Facility (1), Completion Date (2), Expenditure Incurred (3), Deduction Claimed (4), Expenditure over \$500,000 (5)

Enter Total of Column (4) up to a maximum amount of \$3,000,000 on Page 9, Schedule P, Line 24.
Enter Total of Column (5) in Schedule N, Line 4.

SCHEDULE N
INITIAL AND WEAR AND TEAR ALLOWANCE
(See Instruction No. 42)

To Nearest Dollar, Omit Cents/Commas

Table with 8 columns: (1) Description, CLASS A (2), CLASS B (3), CLASS C (4), CLASS D (5), OTHER CLASS (6), TOTAL ALLOWANCES (7)

SUMMARY OF ALLOWANCES

To Nearest Dollar, Omit Cents/Commas

Summary table with rows (a) through (f) and input boxes for values.

(Enter on Page 9, Schedule P, Line 26)

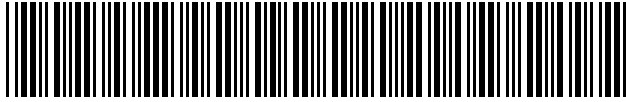
SCHEDULE O
BALANCING ALLOWANCES AND CHARGES
(See Instruction No. 43)

To Nearest Dollar, Omit Cents/Commas

Table with 5 columns: (1) CLASS, (2) Written Down Value, (3) Disposal Proceeds, (4) Balancing Charge, (5) Balancing Allowance

*Balancing Allowance is granted only where there are no assets remaining in the Class.

Enter Total Balancing Charge on Page 9, Schedule P, Line 8.
Enter Total Balancing Allowance on Page 9, Schedule P, Line 27.



VI 10400ITRP9

2010

BIR Number

SCHEDULE P
PROFIT AND LOSS
COMPUTATION OF NET PROFIT OR LOSS
(See Instruction No. 38)

To Nearest Dollar, Omit Cents/Commas

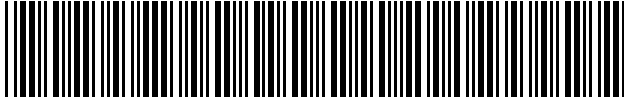
Income

Table with 12 rows for Income items (1-12) and corresponding input boxes for values.

Deductions

Table with 20 rows for Deduction items (13-31) and corresponding input boxes for values.

Transfer to Page 5, Schedule E, Line 6, Column (3)



VI 10400ITRP10

2010

BIR Number

SCHEDULE Q
BALANCE SHEET
 (See Instruction No. 45)

BALANCE SHEET AS AT

To Nearest Dollar, Omit Cents/Commas

ASSETS	End of Accounting Period		Beginning of Accounting Period	
	(a) Amount	(b) Total	(a) Amount	(b) Total
1. Cash in hand and in bank	<input type="text"/>	...	<input type="text"/>
2. Accounts receivable and prepayments	<input type="text"/>	...	<input type="text"/>	
<i>Less:</i> Allowance for Bad Debt ...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Inventories	<input type="text"/>	...	<input type="text"/>
4. Loans Receivable	<input type="text"/>	...	<input type="text"/>
5. Other Current Assets	<input type="text"/>	...	<input type="text"/>
6. Investments—(Submit Schedule)	<input type="text"/>	...	<input type="text"/>
7. Assets subject to depreciation ...	<input type="text"/>	...	<input type="text"/>	
<i>Less:</i> Accumulated depreciation ...	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Other Assets (Submit Schedule)	<input type="text"/>	...	<input type="text"/>
9. TOTAL ASSETS	<input type="text"/>	...	<input type="text"/>
LIABILITIES AND CAPITAL				
10. Accounts payable and accruals	<input type="text"/>	...	<input type="text"/>
11. Bank Overdraft	<input type="text"/>	...	<input type="text"/>
12. Current portion of long-term debts	<input type="text"/>	...	<input type="text"/>
13. Other Current Liabilities	<input type="text"/>	...	<input type="text"/>
14. Long-term debt	<input type="text"/>	...	<input type="text"/>
15. Other Liabilities—(Submit Schedule)	<input type="text"/>	...	<input type="text"/>
16. Capital Accounts	<input type="text"/>	...	<input type="text"/>
17. Profit and Loss Balance	<input type="text"/>	...	<input type="text"/>
18. TOTAL LIABILITIES AND CAPITAL...	...	<input type="text"/>	...	<input type="text"/>

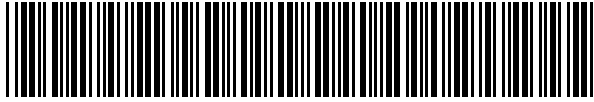
SCHEDULE R

INCOME TAX/BUSINESS LEVY/HEALTH SURCHARGE QUARTERLY INSTALLMENTS PAID—2010

(See Instruction No. 37)

To Nearest Dollar, Omit Cents/Commas

INCOME TAX (1)				BUSINESS LEVY (2)			HEALTH SURCHARGE (3)		
Quarters	Date Paid	Receipt No.	Amount \$	Date Paid	Receipt No.	Amount \$	Date Paid	Receipt No.	Amount \$
Jan.–Mar.									
April–June									
July–Sept.									
Oct.–Dec.									
Other payments in respect of 2010 liability									
Total (Enter amount on Page 2, Line 30)				TOTAL (Enter amount on, Page 2, Line 31)			TOTAL (Enter amount on, Page 4, Schedule D, Line 4, Section 1 or 2 as applicable)		



VI 10400ITRP11

2010

BIR Number

SCHEDULE S

COMPUTATION OF INTEREST DUE ON UNDERPAYMENT OF INCOME TAX/QUARTERLY INSTALLMENTS
(See Instruction No. 8)

To Nearest Dollar, Omit Cents/Commas

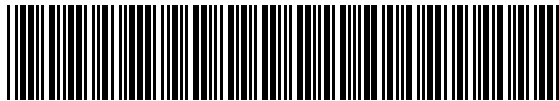
Chargeable Income: (a) Income Year 2010 \$

(b) Income Year 2009 \$

Calculation of Interest where (a) exceeds (b):

(1) Tax Liability for 2009 (Page 2, Line 26)	\$	<input type="text"/>
(2) Tax Liability for 2008	\$	<input type="text"/>
(3) Increase in Tax Liability (Line 1 minus Line 2)	\$	<input type="text"/>
(4) Enter 80 per cent of increase	\$	<input type="text"/>
(5) Total installments payable (Line 2 plus Line 4)	\$	<input type="text"/>
(6) Total installments paid [Page 10, Schedule R, Column (1)]	\$	<input type="text"/>
(7) Underpayment (Line 5 minus Line 6)	\$	<input type="text"/>
(8) *Interest on underpayment	\$	<input type="text"/>

*NOTE: Interest must be calculated at 20 per cent per annum from 1st January, 2011 to 30th April, 2011 or date of payment whichever is the earlier.



VI 10400ITRP12

2010

BIR Number

SCHEDULE T
STATEMENT OF BUSINESS LEVY LIABILITY AND COMPUTATION OF INTEREST ON SHORT PAYMENTS

(See Instruction No. 49)

Date of Commencement of Business [] (dd mm yyyy)

To Nearest Dollar, Omit Cents/Commas

Table with 4 columns: Quarters (1), Actual Gross Sales/Receipts for 2010 (2), Business Levy Liability [0.2% of Column (2)] (3), Tax Offset [Limited to amount in Column (3)] (4). Rows include Jan. to Mar., Apr. to June, July to Sept., Oct. to Dec., and TOTAL.

Table with 6 columns: Quarters (1), Business Levy Paid (5), Compute 90% of Column (3) (6), Compute 10% of Col (3) for the previous quarter (7), Minimum Payment Due Columns (6) + (7) (8), Short Payments Column (8) minus Columns (4) + (5) (9). Rows include Jan. to Mar., Apr. to June, July to Sept., Oct. to Dec., and TOTAL.

NOTE: Interest must be calculated at 20 per cent per annum from the date following the end of the quarter when the Business Levy Liability became due to 30th April, 2011 or to the date of payment whichever is the earlier.

* For the 2nd, 3rd and 4th quarters, compute 10% of Column (3) of the previous quarter and insert it in this column. For example: compute 10% of the 1st quarter (January to March) and insert the amount in this column against the 2nd quarter (April to June).

Name of Taxpayer

B.I.R. Number

ATTACH ALL DOCUMENTS TO THIS PAGE

CHECK LIST OF ATTACHMENTS (IF APPLICABLE)

WHERE COPIES ARE REQUESTED PLEASE RETAIN ORIGINAL DOCUMENTS FOR AT LEAST SIX (6) YEARS

- Original stamped and initialed T.D.4 forms from employers and/or Pensions Department. If the full period of 52 weeks is not covered by the T.D.4 form(s), attach a statement giving reasons for the unaccounted period.
- Statement in respect of allowable travelling expenses claimed supported by a letter from your employer certifying that you are required to travel in the course of your official duties. Where a dispensation has been granted attach a copy of the BIR's approval.
- Attach original documents from insurance companies/financial institutions in respect of cancellation of Deferred Annuity/Savings Plan.
- Tertiary education expenses—attach a detailed statement of expenses incurred together with copies of a letter of acceptance/registration from the institution, evidence of remittance of funds and receipts, bank drafts or cancelled cheques. [See Instruction No. 29(1)].
- Copy of Court Order/Deed of Separation showing Alimony and/or Maintenance payable. Attach proof of payment. Where payments are made in accordance with a Magistrate's Court Order for common-law relationship, attach a sworn Affidavit.
- Original Certificates/statements for Deferred Annuity/Tax Savings Plans showing premiums paid and stating that the Plan was approved by the Board of Inland Revenue.
- Copies of receipt of National Insurance payments made on behalf of domestic workers.
- Conversion to guest house—approval from the Minister with the responsibility for Tourism, detailed statement of expenditure and Completion Certificate.
- Original certificate of all interest/dividend received and tax deducted therefrom.
- Venture Capital Company Tax Credit Certificate.
- Certificate of Pensions received from abroad—Certificate of Assessment.
- For each source of income shown on Schedule E, Page 5, attach statement showing gross income, gross profit, expenses or deductions and net income. Attach a copy of partnership accounts if you are a partner. Also attach relevant certificates in respect of exempt income.

**GO BACK TO PAGE 2—GENERAL DECLARATION
HAVE YOU SIGNED THE FORM?**