



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

Ministry of Finance and the Economy, Inland Revenue Division

INDIVIDUAL INCOME TAX RETURN FOR 2013

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.



V1-13400ITRP01

REGISTRATION INFORMATION CHANGE

- NAME CHANGE
ADDRESS CHANGE

2013 FORM 400 ITR

IDENTIFICATION SECTION

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

Form fields for identification: LAST NAME, FIRST NAME, MIDDLE NAME, PRESENT ADDRESS, CITY OR TOWN, COUNTRY, MAILING ADDRESS, OCCUPATION OR PROFESSION, E-MAIL ADDRESS, TELEPHONE CONTACT, MOBILE, TRADE NAME, TYPE OF BUSINESS, ADDRESS OF BUSINESS, CITY OR TOWN, COUNTRY, BIR File No., Spouse's BIR File No., PIN No., VAT Registration No., NIS No., Driver's Permit No., National Identification No., Date of Birth, and gender/residence checkboxes.

TAX COMPUTATION SECTION

INCOME

Table with 10 rows for income computation. Columns include line number, description of income source, and amount. Row 4: TOTAL EMOLUMENT INCOME (SUM OF LINES 1 TO 3). Row 5: Less Travelling Expenses (See Instruction 12). Row 6: NET EMPLOYMENT INCOME (LINE 4 MINUS LINE 5). Row 9: Net Income from Other Sources (Page 6, Schedule E). Row 10: TOTAL INCOME (SUM of LINES 6 to 9).

To Nearest Dollar, Omit Cents/Commas



V1-13400ITRP02

2013

BIR Number

[Empty box for BIR Number]

**DEDUCTIONS**

To Nearest Dollar, Omit Cents/Commas

11	Tertiary Education Expenses (Limited to \$60,000 per household) - See Instruction 21	11	
12	First-Time Acquisition of House in respect of Owner Occupied Property (Limited to \$18,000) - See Instruction 22	12	
13	Covenanted Donations (Limited to 15% of Line 10)	13	
14	<b>TOTAL NET INCOME (LINE 10 MINUS SUM OF LINES 11 - 13)</b>	14	
15	Deduct Personal Allowance - \$60,000 - See Instruction 24	15	
16	<b>ASSESSABLE INCOME (LINE 14 MINUS LINE 15)</b>	16	
17	Approved Pension Plan/Scheme/Deferred Annuity Plan - See Instruction 25	17	
18	Contributions to Widows' and Orphans' Fund - See Instruction 25	18	
19	National Insurance Payments - 70% Allowable - See Instruction 25	19	
20	<b>SUM OF LINES 17 TO 19 (LIMITED TO \$30,000)</b>	20	
21	Employer's NIS Contributions paid for domestic workers - See Instruction 25	21	
22	Approved Capital Expenditure on Conversion of House to Approved Guest House - See Instruction 26	22	
23	Alimony/Maintenance Payment (Page 3, Schedule B) - See Instruction 17	23	
24	<b>TOTAL DEDUCTIONS (ADD LINES 20 TO 23)</b>	24	
25	<b>CHARGEABLE INCOME (LINE 16 MINUS LINE 24)</b>	25	
26	<b>TAX ON CHARGEABLE INCOME (25% OF LINE 25)</b>	26	
27	Total Tax Credits and Double Taxation Relief [(See Instructions 18 & 20) (Limited to amount on Line 26)]	27	
28	Income Tax Liability (Line 26 minus Line 27)	28	
29	Business Levy Liability (Page 13, Schedule T)	29	
30	If Line 28 is Greater than Line 29 - Enter Income Tax Liability from (LINE 28)	30	
31	If Line 28 is equal to or Less than Line 29 - Enter Business Levy Liability from (LINE 29)	31	

**PREPAYMENTS**

32	Total Income Tax Quarterly Installments Paid (Page 11, Schedule R)	32	
33	Total Business Levy Quarterly Installments Paid (Page 11, Schedule R)	33	
34	Tax Deducted on Interest/Dividend Income Per Certificate/s (See Instruction 20)	34	
35	Tax Deducted Re: Cancellation of Approved Deferred Annuity/Pension Plan	35	
36	<b>INCOME TAX DEDUCTED (PAYE) PER TD4 CERTIFICATE/S ENCLOSED</b>	36	
37	<b>TOTAL PREPAYMENTS (LINES 32 TO 36)</b>	37	
38	If Line 30 or 31 is greater than Line 37 - Enter Difference - Balance Payable	38	
39	If Line 30 or 31 is less than Line 37 - Enter Difference - Refund	39	

**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 ....., 2014.

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

**FOR OFFICIAL USE ONLY**

Best of Judgement (BOJ)

Place Date Received Stamp Here



V1-13400ITRP03

2013

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

1.	Total Emolument Income at Page 1, Line 4 \$..... Plus Line 7 \$.....	...	...	...	...	<input type="text"/>
2.	Employer's Contributions to Approved Fund/Contract [TD4—Box 10, S. 134(6)]	...	...	...	...	<input type="text"/>
3.	Net Income from other sources Page 1, Line 9	...	...	...	...	<input type="text"/>
4.	Total Income (Sum of Lines 1 to 3)	...	...	...	...	<input type="text"/>
5.	(a) Tertiary Education Expenses (Limited to \$60,000 per household)	...	...	...	...	<input type="text"/>
	(b) Employee's Total Contributions to Approved Pension Plan /Scheme / Deferred Annuity Plan	...	...	...	\$	<input type="text"/>
	(c) National Insurance Payment [Total of (b) and (c) not to exceed \$30,000]	...	...	...	\$	<input type="text"/>
	(d) First Time Acquisition of House (Limited to \$18,000)...	...	...	...	...	<input type="text"/>
	(e) Covenanted Donation (See Page 2 Line 13)	...	...	...	...	<input type="text"/>
	<b>TOTAL</b>	...	...	...	...	<input type="text"/>
6.	Subtotal - (Line 4 minus Line 5)	...	...	...	...	<input type="text"/>
7.	Deduct Personal Allowance—\$60,000	...	...	...	...	<input type="text"/>
8.	Chargeable Income (Line 6 minus Line 7)...	...	...	...	...	<input type="text"/>
9.	Compute 1/3 of Chargeable Income at Line 8 above, or 20% of Emolument Income at Page 1, Line 4 (whichever is greater)	...	...	...	...	<input type="text"/>
10.	(a) Contributions by Employer to Approved Fund/Contract [TD4—Box 10]	...	...	...	...	<input type="text"/>
	(b) Total Contributions by Employee to Approved Pension Plan/Scheme/Deferred Annuity Plan	...	...	...	...	<input type="text"/>
11.	Taxable Benefit. (Enter on Page 1, Line 8) (a) Where the total at Line 10 is greater than Line 9 the taxable benefit is the total at Line 10(a) (b) Where the total of Line 10 is less than the total of Line 9 the taxable benefit is "0"	...	...	...	...	<input type="text"/>

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

<b>Name of Spouse</b>		<b>Deed of Separation Court Order or Decree</b>		<b>If Spouse is a Non-Resident enter below WITHHOLDING TAX INFORMATION</b>	
First Name	<input type="text"/>	Date (DDMMYYYY)	<input type="text"/>	Registered No.	<input type="text"/>
Last Name	<input type="text"/>	Country of Origin	<input type="text"/>	Date Paid (DDMMYYYY)	<input type="text"/>
Address of Spouse	<input type="text"/>	BIR No. of Spouse	<input type="text"/>	Receipt No.	<input type="text"/>
Street	<input type="text"/>			Tax Paid To Nearest Dollar, Omit Cents/Commas	<input type="text"/>
City/Town	<input type="text"/>	Country	<input type="text"/>	<b>MAINTENANCE OR ALIMONY PAID</b>	<input type="text"/>
				Enter on Page 2, Line 23	



V1-13400ITRP04

2013

BIR Number

**SCHEDULE C  
TAX CREDITS**  
(See Instruction No. 18)

**VENTURE CAPITAL TAX CREDIT**

(a)

Venture Capital Company in which investment held (1)	Amount of Investment (2) \$	Highest Marginal Rate of Tax in year (3) %	Venture Capital Credit Cols. (2) x (3) (4) \$	Credit Brought Forward (5) \$	Credit Claimed (6) \$	Credit to be Carried Forward Col (4) + (5) - (6) (7) \$
<b>Enter total of Column (6) in Summary of Tax Credits, Line (a)</b>						

**CNG KIT AND CYLINDER TAX CREDIT**

(b)

Motor Vehicle Registration No. (1)	Date of Purchase and Installation of CNG Kit and Cylinder (2)	Total Cost of CNG Kit and Cylinder (3) \$	Tax Credit - 25% of Total Cost Col. (3) x 25% (4) \$	Tax Credit Claimed Limited to a Maximum of \$10,000 (5) \$
<b>Enter total of Column (5) in Summary of Tax Credits, Line (b)</b>				

**SOLAR WATER HEATING EQUIPMENT TAX CREDIT**

(c)

Residential Address of Property (1)	Date of Purchase of Solar Water Heating Equipment (2)	Total Cost of Solar Water Heating Equipment (3) \$	Tax Credit - 25% of Total Cost Col. (3) x 25% (4) \$	Tax Credit Claimed Limited to a Maximum of \$10,000 (5) \$
<b>Enter total of Column (5) in Summary of Tax Credits, Line (c)</b>				

**SUMMARY OF TAX CREDITS**

To Nearest Dollar, Omit Cents/Commas

(a) Venture Capital Tax Credit	...	...	...	...	...	...	...	...	...	<input type="text"/>
(b) CNG Kit and Cylinder Tax Credit	...	...	...	...	...	...	...	...	...	<input type="text"/>
(c) Solar Water Heating Equipment Tax Credit	...	...	...	...	...	...	...	...	...	<input type="text"/>
Total of Tax Credits, Lines (a) to (c), Enter Total on Page 2, Line 27	...	...	...	...	...	...	...	...	...	<input type="text"/>



BIR Number

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 (1), No. of weeks (2), Liability (3). 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.

(a) Income more than \$469.99 per month or \$109.00 per week

(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 11, 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 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 11, 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 ... .. \$ [ ]



V1-13400TRP06

2013

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

To Nearest Dollar, Omit Cents/Commas

Table with 4 columns: Sources of Income Other than Salary or Wages (1), Gross Receipts (2) \$, Net Profit/Gain or Loss (Lines 1-12) Net Profit or Gain Only (Lines 13-20) (3) \$, and a blank column for input. Rows include categories like Short-term Capital Gain, Farming, Professional Services, and Tax Exempt income.



V1-13400TRP07

2013

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SCHEDULE F

SHORT-TERM CAPITAL GAINS/LOSSES—Assets Disposed of within 12 months of acquisition  
(See Instruction No. 20)

To Nearest Dollar, Omit Cents/Commas

Table with 6 columns: Description of Asset, Date Acquired, Date of Disposal, Cost Plus Allowable Expenses, Disposal Proceeds, Gain/Loss

NET GAIN OR (LOSS)

Enter Gain or Loss on Page 6, Schedule E, Line 1

SCHEDULE G

STATEMENT OF LOSSES  
(See Instruction Nos. 20 and 36)

To Nearest Dollar, Omit Cents/Commas

Table with 5 columns: Source of Income, Unrelieved Loss b/f, Loss if any in Current Year, Loss set off in Current Year, Unrelieved Loss c/f

SCHEDULE H

COMPUTATION OF NET INCOME  
(See Instruction Nos. 20 and 37)

To Nearest Dollar, Omit Cents/Commas

Table with 2 columns: Description of item, Amount

SCHEDULE I

STATEMENT OF FOREIGN INCOME IN TRINIDAD AND TOBAGO CURRENCY  
(See Instruction No. 20)

To Nearest Dollar, Omit Cents/Commas

Table with 6 columns: Name of Company or Person from whom Income is received, Type of Income, Gross Income before deduction of Tax in Foreign Country, Tax paid in Foreign Country, Rate of Tax Paid in Foreign Country, Double Tax Relief

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

Enter Total of Column (6) on Page 2, Line 27



V1-13400ITRP08

2013

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

(See Instruction No. 20)

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. Includes input boxes for dates and amounts.

On expiration of exempt period carry forward the Net Loss (if any) to Page 6, Schedule E, Line 4

SCHEDULE K
PAYMENTS MADE IN RESPECT OF RENTS

(See Instruction No. 34)

To Nearest Dollar, Omit Cents/Commas

Form for Schedule K with fields for Name of Payee, Resident Status, Amount Paid, Address of Rental Property, and Withholding Taxes Paid.

SCHEDULE L
DETAILS OF PROMOTIONAL EXPENSES INCURRED

(See Instruction No. 30)

To Nearest Dollar, Omit Cents/Commas

Table for Schedule L with columns for CATEGORY OF EXPENSES and AMOUNT EXPENDED. Lists categories (a) through (h) and a TOTAL row.





V1-13400ITRP09

2013

BIR Number

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SCHEDULE M
EXPENDITURE ON CONSTRUCTION OR SETTING UP OF
CHILD CARE OR HOMEWORK FACILITY
(See Instruction No. 31)

To Nearest Dollar, Omit Cents/Commas

Table with 5 columns: Location of Facility (1), Completion Date (2), Expenditure Incurred (3), Deduction Claimed (not exceeding \$500,000 each) (4), Expenditure over \$500,000 Col. (3) - (4) (5)

Enter Total of Column (4) up to a maximum amount of \$3,000,000 on Page 10, Schedule P, Line 24.
Enter Total of Column (5) in Schedule N, Line 4 in the appropriate class.

SCHEDULE N
INITIAL AND WEAR AND TEAR ALLOWANCE
(See Instruction No. 32)

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 of Allowances form with rows (a) through (f) and input boxes for calculations.

SCHEDULE O
BALANCING ALLOWANCES AND CHARGES
(See Instruction No. 33)

To Nearest Dollar, Omit Cents/Commas

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

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

Enter Total Balancing Charge on Page 10, Schedule P, Line 8.
Enter Total Balancing Allowance on Page 10, Schedule P, Line 27.



V1-13400ITRP10

2013

BIR Number

Empty box for BIR Number

SCHEDULE P
PROFIT AND LOSS
COMPUTATION OF NET PROFIT OR LOSS
(See Instruction No. 27)

To Nearest Dollar, Omit Cents/Commas

Table with 31 rows and 2 columns. Rows include Income (Gross Receipts, Cost of Sales, Gross Profits, Investment Income, Interest, Rents, Royalties, Balancing Charge, Other Income, TOTAL INCOME, Less Tax Exempt Income, NET TOTAL INCOME) and Deductions (Commissions, Salaries, Severance Pay, Repairs, Bad and Doubtful Debts, Entertainment/Meal Expenses, Rates and Taxes, Advertising, Motor Vehicle Operating Expenses, Interest, Bank Charges, Promotional Expenses, Expenditure on Construction, Initial Allowance, Wear and Tear Allowance, Balancing Allowance, Rentals, Other Business Expenses, TOTAL DEDUCTIONS, NET PROFITS).

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



V1-13400ITRP11

2013

BIR Number

**SCHEDULE Q**  
**BALANCE SHEET**  
 (See Instruction No. 35)

BALANCE SHEET AS AT .....

To Nearest Dollar, Omit Cents/Commas

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

**SCHEDULE R**  
**INCOME TAX/BUSINESS LEVY/HEALTH SURCHARGE QUARTERLY INSTALLMENTS PAID - 2013**  
 (See Instruction No. 28)

To Nearest Dollar, Omit Cents/Commas

INCOME TAX (1)			BUSINESS LEVY (2)		HEALTH SURCHARGE (3)	
Quarters	Date Paid	Amount \$	Date Paid	Amount \$	Date Paid	Amount \$
Jan.–Mar.						
April–June						
July–Sept.						
Oct.–Dec.						
Other payments in respect of 2013 liability						
TOTAL (Enter amount on Page 2, Line 32)			TOTAL (Enter amount on Page 2, Line 33)		TOTAL (Enter amount on Page 5, Schedule D, Line 4, Section 1 or 2 as applicable)	



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 2013 \$

(b) Income Year 2012 \$

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

(1) Tax Liability for 2013 (Page 2, Line 28)	...	...	...	...	...	...	...	...	...	...	\$	<input type="text"/>
(2) Tax Liability for 2012	...	...	...	...	...	...	...	...	...	...	\$	<input type="text"/>
(3) Increase in Tax Liability (Line 1 minus Line 2)	...	...	...	...	...	...	...	...	...	...	\$	<input type="text"/>
(4) Enter 80% of increase...	...	...	...	...	...	...	...	...	...	...	\$	<input type="text"/>
(5) Total installments payable (Line 2 plus Line 4)	...	...	...	...	...	...	...	...	...	...	\$	<input type="text"/>
(6) Total installments paid [Page 11, 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 annum from 1st January, 2014 to 30th April, 2014 or date of payment whichever is the earlier.



V1-13400ITRP13

2013

BIR Number

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

(See Instruction No. 39)

Date of Commencement of Business

(dd mm yyyy)

To Nearest Dollar, Omit Cents/Commas

Quarters (1)	Actual Gross Sales/Receipts for 2013 (Jan.—Dec.) (2)	Business Levy Liability [0.2% of Column (2)] (3)	Tax Offset [Limited to amount in Column (3)] (4)
Jan. to Mar.	<input type="text"/>	<input type="text"/>	<input type="text"/>
April to June	<input type="text"/>	<input type="text"/>	<input type="text"/>
July to Sept.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oct. to Dec.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL ... ..</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Business Levy Liability Enter on Page 2, Line 29.</b>		<input type="text"/>	

Quarters	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)
Jan. to Mar.	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
April to June	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
July to Sept.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oct. to Dec.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL ... ..</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Interest must be calculated at 20 % per annum from the date following the end of the quarter when the Business Levy Liability became due to 30th April, 2014 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**

**CHECKLIST 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 Proof of Payment of Covenanted Donations (Copy of Official Receipt from Approved Charity).**
- 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 example receipts, bank drafts or cancelled cheques. [See Instruction No. 21].**
- First Time Acquisition of Home (with effect from January 1, 2011). Original Statement from Financial Institution/Affidavit confirming First Time Acquisition and date property was acquired. Completion certificate if property was constructed. Lands and Buildings Taxes Receipt.**
- 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 receipts 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.**
- Attach Copy of Receipt of purchase and installation cost of CNG Kit and Cylinder and Certified Copy of ownership of vehicle.**
- Attach Copy of Receipt of purchase of Solar Water Heating Equipment.**
- 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.**

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