

# GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

Ministry of Finance and the Economy, Inland Revenue Division INCOME TAX RETURN FOR PARTNERSHIPS,



JOINT VENTURES, TRUSTS AND ESTATES OF DECEASED PERSONS

Approved by the Board of Inland Revenue under Section 76 of the Income Tax Act, Chap. 75:01.

2014 FORM 700 PAR

REGISTRATION INFORMATION CHANGE **CHANGE OF INFORMATION** 

	IDENTIFICATION SECT	ION	
PLEASE PRINT IN BLOCK LETTERS NAME OF PART	NERSHIP, JOINT VENTURE, TRUST OR E	STATE, IF DIFFERENT FROM	ABOVE. USE BLACK INK ONLY
NAME OF PARTNERSHIP, JOINT VENTURE, TRUST	ORESTATE	BIR F	řile No.
NAME OF PARTNERSHIP, JOINT VENTURE, TRUST	OR ESTATE (Cont'd)	VAT	Registration No.
ADDRESS (STREET NO. AND NAME)			
ADDRESS (STREET NO. AND NAME)		No. o	f Employees
CITY OR TOWN			I N
		Telep.	hone No.
COUNTRY		Telep	hone No.
FULL ADDRESS OF REGISTERED OFFICE (STREE	T NO. AND NAME)	Telep	hone No. of Precedent Partner
CITY OR TOWN	COUNTRY	Fax N	ა.
MAILING ADDRESS IF DIFFERENT FROM ABOVE	(STREET NO. AND NAME)	Acco	unting Period
		7,000	anting refrou
CITY OR TOWN	COUNTRY	From	DD MM YYYY
		То	DD WIWI IIII
E-MAIL ADDRESS		То	
NATURE OF BUSINESS OR PRINCIPAL ACTIVITY		Date o	of Commencement
NATUREOF BUSINESS ON TRINCII ALACTIVII I			
PLACE OF COMMENCEMENT			DD MM YYYY
Tick the Appropriate Box	_		
☐ Partnership	Trust Joint V	enture	tate of Deceased Person
	NAMES AND ADDRESS	ES	
Name of Partners, Joint Owners or Beneficiaries	BIR Number	Address of Partner	rs Resident Yes or No
			1 68 01 140



### APPORTIONMENT OF NET INCOME/LOSS

(See Instruction No. 16)

To Magnest	Dallan	A	Contall	

1. Net Gain/Loss	(Schedule A, Line	33)	Г		\$		
2. Less: Salaries to	o Partners (or Joint	Owners)					
Interest or	n Partners' (or Join	t Owners') Capital			\$		
3. Apportionable l	Income/Loss (Line	1 Less Total of Lin	e 2)		\$		
Name of Partners, Joint Owners or Beneficiaries	Share of Apportionable Income/Loss	Salaries of Partners or Joint Owners	Interest on Partners' or Joint Owners' Capital	Total (Sum of Columns 2 to 4)	Share of Short Term Capital Gain or Loss per Schedule D	Apportionment of Tax Deducted on Interest/ Dividend	Apportionment of Venture Capital Tax Credit
(1)	(2) \$	(3) \$	(4)	(5) \$	(6) \$	(7) \$	(8) \$
			<u>¢</u>				
I,	IT IS AN OF		ABLE BY FINE AL PLEASE SIGN G	ENERAL DECLA	NMENT TO MAKE A		vhole
of the income or p	profits of						
		geable under the Inc m authorizied to sig	ome Tax Act, Chap	of Partnership, etc) . 75:01 and that the	Schedules and Stateme	ents included in this	Return are true and
Given under my h	nand this			day of			, 2015.
						FOR OFFICIAL U	SE ONLY
Signature of Taxpayer,	or Authorized Agent						

Place Date Received Stamp Here

Page 2



BIR	Number	

#### SCHEDULE A PROFIT AND LOSS COMPUTATION OF NET PROFIT OR LOSS (See Instruction No.15)

To Nearest Dollar, Omit Cents/Commas INCOME 1 Gross Receipts or Gross Sales 2 Cost of Sales or Operations 2 3 3 Gross Profits (Line 1 less Line 2) 4 Foreign Income (Schedule C) 5 5 Interest (Submit Schedule) 6 Rents (Submit Schedule) 6 7 Royalities 8 8 Balancing Charge (Schedule O) 9 Other Income (Submit Schedule) 10 10 Total Income (Sum of Lines 3 to 9) Tax Exempt Income (Schedule H) 11 11 12 Net Total Income (Line 10 less Line 11) 12 DEDUCTIONS 13 Gross Payments and Distributions (Schedule E) 14 14 Salaries and Wages (Not deducted elsewhere) 15 15 Severance Pay (Submit Schedule) 16 Repairs (Submit Schedule) 16 17 17 Bad and Doubtful Debts (Submit Schedule) 18 Entertainment Expenses (Only 75% Entertainment allowed) 18 19 19 Rates and Taxes (Submit Schedule) 20 20 Advertising 21 Motor Vehicle Operating Expenses 21 22 Production Company Allowance (Companies only) 22 23 Expenditure on Construction or Setting up of Child Care or Homework Facility (Companies only) 23 24 Initial Allowance (Schedule N) 24 25 Wear and Tear Allowance (Schedule N) 25 26 Balancing Allowance (Schedule O) 26 27 Promotional Expenses ( Schedule G ) 27 28 Scholarship Allowance (Companies only - Submit Schedule) 28 29 Art and Culture, Sportsmen, Sporting Activities, Audio, Visual or Video Production, Fashion Industry Allowance 29 (Companies only) Training and re-training up to 150% of claim (Companies only - Submit Schedule) 30 30 31 Other Deductions (Submit Schedule) 31 32 32 Total Deductions (Sum of Lines 13 to 31) 33 Gain/Loss (Line 12 less Line 32) Transfer to Page 2, Line 1 33

To Nearest Dollar, Omit Cents/Commas



# SCHEDULE B COST OF SALES OR OPERATIONS

(See Instruction No.17)

1. Stock at beginning of year		 	 	 
2. Purchases of Goods for Sale or Manufac	ture	 	 	 
3. Direct Salaries and Wages		 	 	 
4. Other Direct Costs per Accounts		 	 	 
5. Sum of Lines 1 to 4		 	 	 
6. Stock at end of year		 	 	 
7. Cost of Sales or Operations (Line 5 less Li Transfer to Page 3, Schedule A, Line 2	ne 6)	 	 	 



BIR	Number	

#### SCHEDULE C STATEMENT OF FOREIGN INCOME IN TRINIDAD AND TOBAGO CURRENCY

(See Instruction No.18)

To Nearest Dollar, Omit Cents/Commas

			1	T Tonar, Omit ecitis/commas
Name of Company or Person from whom Income is received (Group according to	Type of Income (Dividends, Interest, Royalties, Rents, etc)	Gross Income before deduction of Tax in Foreign Country	Tax Paid in Foreign Country	Rate of Tax Paid in Foreign Country
Company) (1)	(2)	(3) TT\$	(4) TT\$	(5) %

Enter Total of Column (3) on Page 3, Schedule A, Line 4

## SCHEDULE D SHORT TERM CAPITAL GAINS/LOSSES - Assets Disposed of within 12 months of acquistion

(See Instruction No. 19)

To Nearest Dollar, Omit Cents/Commas

	1	T		<u> </u>	T Tearest Donar, Omit Cents/Comm
Description of Asset	Date Acquired	Date of Disposal	Cost Plus Allowable Expenses	Disposal Proceeds	Gain /Loss
(1)	(2)	(3)	(4) \$	(5) \$	(6) \$
NET GAIN /LOSS					

Enter Share of Gain or Loss on Page 2, Column (6)

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#### SCHEDULE E GROSS PAYMENTS AND DISTRIBUTIONS (TT\$ ONLY)

(See Instruction No. 20)

To Nearest Dollar, Omit Cents/Commas

	Item Payment	Total Payments	Payments to Residents	Payment to Non-Residents	Amount of Withholding Tax deducted and paid to the Board of Inland	Receipt No. and Date
	(1)	(2) \$	(3)	(4) \$	Revenue (5) \$	(6) \$
1.	Interest on debt, mortgage, or security					
2.	Rentals					
3.	Royalties					
4.	Management Charges					
5.	Charges for Personal Services and Technical and Managerial Skills					
6.	Premiums (other than premiums paid to Insurance Companies and Contribution to Pension Funds and Schemes)					
7.	Commissions, Fees and Licences					
8.	Discounts					
9	Annuities and other annual Payments					
10	Total of Lines 1 to 9 Transfer Amount to Page 3, Schedule A, Line 13					
N	tote: Details of Payments are to be entered in Schedule F, as applicable.					

#### SCHEDULE F GROSS PAYMENTS AND DISTRIBUTIONS - DETAILS OF PAYEES

(See Instruction No. 20)

#### To Nearest Dollar, Omit Cents/Commas

Type of Payment	Name of Payee	Address of Payeee	Amount Paid	Where Payment is in respect of rents, enter total rents for	Address of Rental Property
(1)	(2)	(3)	(4) \$	year (5)	(6) \$



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# SCHEDULE G DETAILS OF PROMOTIONAL EXPENSES INCURRED

(See Instruction No. 21)

	To!	Nearest Dollar, Omit Cents/Commas
	CATEGORY OF EXPENSES	AMOUNT EXPENDED \$
(a)	Advertising in foriegn markets	
(b)	Providing promotional literature for overseas distribution	
(c)	The participation in trade fairs, trade missions and similar promotional activities	
(d)	Overseas travel for the purposes of conducting promotional activities	
(e)	Providing free samples and technical information on products	
(f)	Inviting buyers to Trinidad and Tobago	
(g)	The recruitment of specialist sales personnel operating in foreign markets for a maximum of two years	
(h)	Conducting foreign market surveys	
	TOTAL	
	alculate 150% of amount expended (Enter on Page 3, Schedule A, Line 27)	

# SCHEDULE H TAX EXEMPT INCOME

 $(See\ Instruction\ No.22)$ 

					To Nearest Dollar, Omit Cents/Commas
1.	Interest	 	 	 	
2.	Dividends and other distributions	 	 	 	
3.	Rents / Premiums	 	 	 	
4.	Approved Commerical Farming	 	 	 	
5.	Other Tax Exempt Profits not reported in Lines 1 to 4	 	 	 	
	TOTAL (Enter on Page 3, Schedule A Line11)	 	 	 	



#### SCHEDULE I PRODUCTION COMPANY ALLOWANCE

(See Instruction No.23)

To Nearest Dollar, Omit Cents/Commas

Category of Expenses (1)	Actual Expenditure (2) \$	Allowance [ 150 % of Column (2)] (3) \$
TOTAL of Column (3) Limited to \$ 3,000,000		

Enter Total of Column (3) on Page 3, Schedule A, Line 22

### SCHEDULE J ART AND CULTURE, SPORTMEN, SPORTING ACTIVITIES, AUDIO, VISUAL OR VIDEO PRODUCTION AND FASHION INDUSTRY ALLOWANCE (COMPANIES ONLY)

(See Instruction No.24)

To Nearest Dollar, Omit Cents/Commas

Category of Expenses	Actual Expenditure	[ 150 % of Column (2)]	Allowance Claimed Greater of Columns
(1)	(2) \$	(3)	(2) and (3) (4) \$
Art and Culture			
Sportsmen/Sporting Activities			
Audio Visual / Video Production			
Fashion Industry			
TOTAL of Column (4) Limited to \$ 3,000,000			

Enter Total of Column (4) on Page 3, Schedule A, Line 29

#### SCHEDULE K VENTURE CAPITAL TAX CREDIT

(See Instruction No.25)

To Nearest Dollar, Omit Cents/Commas

Venture Capital Company in which Investment is held	Amount of Investment	Rate of Tax in year of Investment	Venture Capital Tax Credit [Col. (2) x Col.	Credit brought forward	Credit Claimed	Credit to be carried forward [Col. (4)+Col. (5) - Col. (6)]
(1)	(2) \$	(3) %	(3)] (4)	(5) \$	(6) \$	(7) \$

Enter Apportionment of Credit on Page 2, Column (8)



BIR Number

### SCHEDULE L APPROVED COMMERCIAL FARMING PROFIT /LOSS ACCUMULATED DURING TAX EXEMPT PERIOD

(See Instruction No. 26)

				To Nearest Dollar, Omit Cents/Commas					
(1) Date Approved	(2) Period of Exemption	(3) Profit/Loss b/f	(4) Profit/Loss Current Year	(5) Profit/ Loss c/f					
DD/MM/YYYY	DD/MM/YYYY DD/MM/YYYY to	\$	\$	\$					
On expiration of exempt	On expiration of exempt period enter each Partner's share of the Net Loss (if any) in Schedule E, Page 5, Line 4 of the Individual Tax Return (400 ITR)								

#### SCHEDULE M EXPENDITURE ON CONSTRUCTION OR SETTING UP OF CHILD CARE OR HOME WORK FACILITY

(See Instruction No. 27)

#### To Nearest Dollar, Omit Cents/Commas

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

Enter Total of Column (4) up to a amximum of \$3,000,000 on Page 3, Schedule A, Line 23 Enter Total of Column (5) in Schedule N, Line 4



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# SCHEDULE N INITIAL AND WEAR AND TEAR ALLOWANCE

(See Instruction No. 28)

To Nearest Dollar, Omit Cents/Commas

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		CLASS A	CLASS B	CLASS C	CLASS D	OTHER CLASS	TOTAL ALLOWANCES
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	Wear and Tear Rates	10%	25%	33.3%	40%		
		\$	\$	\$	\$	\$	\$
2.	Written Down Value of Plant and Machinery at beginning of Accounting Period						
3.	Written Down Value of Buildings at beginning of Accounting Period						
4.	Additions						
5.	Subtotal (Line 2 to 4)						
6.	Initial Allowance						
7.	Subtotal (Line 5 minus Line 6)						
8.	Disposal Proceeds						
9.	Subtotal (Line 7 minus Line 8. If Line 8 is greater than Line 7 Enter 0)						
10.	Wear and Tear [Line 1 x Line 9 plus Line 6]						
11.	Written Down Value at the end of Accounting Period (Line 9 minus Line10)						

### SUMMARY OF ALLOWANCES

To Nearest Dollar, Omit Cents/Commas

(a) Initial Allowance [Line 6, Column (7)]
(Enter on Page 3, Schedule A, Line 23)

# SCHEDULE O BALANCING ALLOWANCES AND CHARGES

(See Instruction No. 29)

To Nearest Dollar, Omit Cents/Commas

				10 Nearest Donar, Onlit Cents/Commas
	Written Down Value Prior to Disposal	Disposal Proceeds	Balancing Charge [where Column (3) is greater than Column (2), Column (3) minus Column (2)]	* Balancing Allowance [where Column (2) is greater than Column (3), Column (2) minus Column (3)]
(1)	(2)	(3)	(4)	(5)
	\$	\$	\$	\$
CLASS A				
CLASS B				
CLASS C				
CLASS D				
OTHER CLASS				
TOTAL				

<sup>\*</sup>Balancing Allowances are granted only where there is no asset remaining in the Class

Enter Total Balancing Charge on Page 3, Schedule A, Line 8

Enter Total Balancing Allowance on Page 3, Schedule A, Line 26



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## SCHEDULE P BALANCE SHEET

(See Instruction No.30)

BALANCE SHEET AS AT .....

	To Nearest Dollar, Omit Cents/Commas								
		End of I	ncome Year	Beginning of In	come Year				
	ASSETS	(a) Amount	(b) Total	(a) Amount	(b) Total				
1	Cash in hand and in bank								
2	Accounts receivable and prepayments								
	Less: Allowance for Bad Debts								
3	Inventories								
4	Loans Receivable								
5	Other Current Assets								
6	Investments (Submit Schedule)								
7	Assets subject to depreciation								
	Less: Accumulated depreciation								
8	Other Assets (Submit Schedule)								
9	TOTAL ASSETS								
I	JABILITIES AND CAPITAL								
10	Accounts payable and accurals								
11	Bank Overdraft								
12	Current portion of long-term debt								
13	Other Current Liabilities								
14	Long -term debt								
15	Other Liabilities								
16	Capital Accounts								
17	Profit and Loss Balance								
18	TOTAL LIABILITIES AND CAPITAL								



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### SCHEDULE Q STATEMENT OF GREEN FUND LEVY LIABILITY AND COMPUTATION OF INTEREST ON SHORT PAYMENTS

(See Instruction No. 31)

Tο	Nearest	Dollar.	Omit	Cents/C	omma

Quarters			0.0044						
<b>C</b> 11111111		Actual Gross Sales/Receipts for 2014 (Jan Dec.)			Green Fund Levy Liability [0.1% of Column (2)]				
(1)		(Jan Dec.) (2)			[0.1% of Column (2)] (3)				
Jan. to Mar.									
April to June									
July to Sept.									
Oct. to Dec.						<u> </u>			
TOTAL	[								
Total Green Fund Liability									
Quarters	Green Fund Levy Paid	Compute 90% of Col (3)	*Compute 10% of (3) for the previous quarter			Payments - Col. (4)			
	(4)	(5)	quarter (6)	(7)		(8)			
Jan. to Mar.									
April to June									
July to Sept.									
Oct. to Dec.									
TOTAL									
NOTE: Interest must be calculated at 20 % per annum from the date following the end of the quarter when the Greeen Fund Levy Liability became due to 30th April, 2015 or to 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).									
TOTAL GREEN FUND LEVY LIABILITY									
If Column (3) is greater t enter Green Fund Le					en Fund Levy Refund				

### SCHEDULE R INSTALLMENTS PAID IN RESPECT OF GREEN FUND LEVY FOR THE YEAR 2014

(See Instruction No.32)

To Nearest Dollar, Omit Cents/Commas

Quarters	Date Paid	Receipt No.	Amount \$
Jan. to Mar.			
April to June			
July to Sept.			
Oct. to Dec.			
Other payments in respect of 2014 liability			
TOTAL INSTALLMENTS PAID			