



V1-18400ITRP01

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.

2018 FORM 400 ITR

REGISTRATION INFORMATION CHANGE

- NAME CHANGE
 ADDRESS CHANGE

IDENTIFICATION SECTION

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

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

TAX COMPUTATION SECTION

INCOME

To Nearest Dollar, Omit Cents/Commas

1	Income from Employment (Government and Non-Government) - See Instruction 12(a)	1	<input type="text"/>
2	Retirement Severance Benefit - See Instruction 13	2	<input type="text"/>
3	Pensions from sources within/outside T&T - See Instruction 14	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(b)	5	<input type="text"/>
6	NET EMPLOYMENT INCOME (LINE 4 MINUS LINE 5)	6	<input type="text"/>
7	Gross Amount Received on Cancellation of Approved Deferred Annuity/Pension Plan / ESOP - See Instruction 15	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 6, Schedule E)	9	<input type="text"/>
10	TOTAL INCOME (SUM of LINES 6 TO 9)	10	<input type="text"/>





V1-18400ITRP02

BIR Number 2018

DEDUCTIONS

To Nearest Dollar, Omit Cents/Commas

Table with 3 columns: Line number, Description, and Amount. Rows include Tertiary Education Expenses, First-Time Acquisition of House, Covenanted Donations, and various deductions leading to Chargeable Income and Tax Liability.

PREPAYMENTS

Table with 3 columns: Line number, Description, and Amount. Rows include Total Income Tax Quarterly Installments Paid, Total Business Levy Quarterly Installments Paid, and Total Prepayments.

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, Chapter 75:01 and the Finance Act, No. 14 of 1987.

Given under my hand this day of 2019.

PLEASE SIGN RETURN

Signature of Taxpayer or Authorized Agent

FOR OFFICIAL USE ONLY

Place Date Received Stamp Here

Failure to sign this return would result in a delay in processing.





V1-18400ITRP03

BIR Number **2018**

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, Sec. 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"/>	<input type="text"/>
	(b) Employee's Total Contributions to Approved Pension Plan / Scheme/Deferred Annuity Plan \$	<input type="text"/>	
	(c) National Insurance Payment \$	<input type="text"/>	
	[Total of (b) and (c) not to exceed \$50,000]	<input type="text"/>	
	(d) First Time Acquisition of House (Limited to \$25,000)	<input type="text"/>	
	(e) Covenanted Donation (Limited to 15% of Total Income Page 1, Line 10)	<input type="text"/>	
	TOTAL		<input type="text"/>
6	Subtotal - (Line 4 minus Line 5)		<input type="text"/>
7	Deduct Personal Allowance - \$72,000		<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 Total Emolument Income at		<input type="text"/>
...			
10	(a) Contributions by Employer to Approved Fund/Contract [TD4 - Box 10]	<input type="text"/>	<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)

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





VI-18400ITRP04

BIR Number

2018

Redacted box for BIR Number

SCHEDULE C
TAX CREDITS
(See Instruction No. 18)

VENTURE CAPITAL TAX CREDIT

(a)

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

CNG KIT AND CYLINDER TAX CREDIT

(b)

Table with 5 columns: Motor Vehicle Registration No., Date of Purchase and Installation of CNG Kit and Cylinder, Total Cost of acquiring and installing CNG Kit and Cylinder, Tax Credit - 25% of Total Cost, Tax Credit Claimed Limited to a Maximum of \$10,000.

SOLAR WATER HEATING EQUIPMENT TAX CREDIT

(c)

Table with 6 columns: Residential Address of Property, Date of Purchase of Solar Water Heating Equipment, Total Cost of Solar Water Heating Equipment, Tax Credit - 25% of Total Cost, Tax Credit Claimed Limited to a Maximum of \$10,000.

NATIONAL TAX FREE SAVINGS BONDS TAX CREDIT
(Limited to 25 % of \$5,000 - Face Value)

(d)

Table with 8 columns: Date of Purchase, Bond Certificate Number, Maturity Date of Bond, Face Value of Bonds Purchased, Tax Credit limited to 25% of \$5,000 (Face Value), Tax Credit b/f, Tax Credit Claimed for 2018, Unclaimed Tax Credit c/f.

SUMMARY OF TAX CREDITS

To Nearest Dollar, Omit Cents/Commas

Summary table with 4 rows: (a) Venture Capital Tax Credit, (b) CNG Kit and Cylinder Tax Credit, (c) Solar Water Heating Equipment Tax Credit, (d) National Tax Free Savings Bonds Tax Credit, Total of Tax Credits.





V1-18400ITRP05

BIR Number **2018**

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

1. TO BE COMPLETED BY INDIVIDUALS WITH BOTH EMOLUMENT AND NON-EMOLUMENT INCOME

To Nearest Dollar, Omit Cents/Commas

(1) Total Income (Page 1, Line 4 plus Line 8 plus Line 9)..... \$

(2) Health Surcharge Liability (Rate x No. of weeks)

	Rate per week (1)	No of weeks (2)	Liability (3)
(a) Income more than \$469.99 per month or \$109.00 per week	\$ 8.25	<input type="text"/>	\$ <input type="text"/>
(b) Income equal to or less than \$469.99 per month or \$109.00 per week	\$ 4.80	<input type="text"/>	\$ <input type="text"/>

(c) Total Liability [Col. 3 Line (a) + (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 - Health Surcharge Payable \$

(7) If Line 2(c) is less than Line 5 - Health Surcharge Overpayment \$

2. TO BE COMPLETED BY INDIVIDUALS WITH NON-EMOLUMENT INCOME ONLY

To Nearest Dollar, Omit Cents/Commas

(1) Total Income (Page 1, Line 9) \$

(2) Health Surcharge Computation - (Rate x No. of weeks)

	Rate per week (1)	No of weeks (2)	Liability (3)
(a) Average Income more than \$469.99 per month	\$ 8.25	<input type="text"/>	\$ <input type="text"/>
(b) Average Income equal to or less than \$469.99 per month	\$ 4.80	<input type="text"/>	\$ <input type="text"/>

(3) Health Surcharge Liability [Col. 3 Line (a) or (b)] \$

(4) Total Quarterly Installments Paid (Page 11, Schedule R) \$

(5) If Line 3 is greater than Line 4 - Health Surcharge Payable \$

(6) If Line 3 is less than Line 4 - Health Surcharge Overpayment \$





V1-18400ITRP06

BIR Number **2018**

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

To Nearest Dollar, Omit Cents/Commas

	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) \$
1.	Short term Capital Gain/(Loss) (Page 7, Schedule F)		<input type="text"/>
2.	Unrelieved Loss brought forward		<input type="text"/>
3.	Net Total [Line 1 plus (minus) Line 2] Enter Gain Only on Page 7, Schedule H, Line (a)		<input type="text"/>
4.	Farming, Agriculture, Forestry, Fishing or Other Primary Activities	<input type="text"/>	<input type="text"/>
5.	Operation of mines or exploitation of natural or mineral resources	<input type="text"/>	<input type="text"/>
6.	Any other trade or business	<input type="text"/>	<input type="text"/>
7.	Net Total (Sum of Lines 4 to 6, Col. (3) Only)		<input type="text"/>
8.	Unrelieved Loss b/f in respect of Lines 4, 5, 6		<input type="text"/>
9.	Net Total [Line 7 plus (minus) Line 8]		<input type="text"/>
10.	Professional, Vocational, Personal Services and Technical and Management Skills	<input type="text"/>	<input type="text"/>
11.	Unrelieved Loss b/f		<input type="text"/>
12.	Net Total [Line 10 plus (minus) Line 11] [Enter amount on Page 7, Schedule H, Line (d)]		<input type="text"/>
13.	Premiums, Commissions, Fees and Licence Charges from sources within Trinidad and Tobago (Gain Only)	<input type="text"/>	<input type="text"/>
14.	Interest and Discounts from sources within Trinidad and Tobago (Gain Only)	<input type="text"/>	<input type="text"/>
15.	Dividends and Other Distributions from sources within Trinidad and Tobago (Submit Schedule) (Gain Only)	<input type="text"/>	<input type="text"/>
16.	Foreign Income [Page 7, Schedule I] (Gain Only)		<input type="text"/>
17.	Annuities, Income from Trust, Deeds of Covenant, Alimony/ Maintenance from sources within Trinidad and Tobago (Gain Only)		<input type="text"/>
18.	Annuities, Income from Trust, Deeds of Covenant, Alimony/ Maintenance from sources outside Trinidad and Tobago (Gain Only)	<input type="text"/>	<input type="text"/>
19.	Rents, premiums, etc from Letting of Property (Profit Only) If exempt, Enter: First Year of Exemption <input type="text"/> Exemption Certificate No. <input type="text"/> Rent Restriction Reg. No. <input type="text"/>		
20.	Royalties from sources within Trinidad and Tobago (Gain Only)	<input type="text"/>	<input type="text"/>
21.	Net Total (Lines 13 to 20)		<input type="text"/>
22.	Net Total (Line 9 plus Line 21) Enter amount on Page 7, Schedule H, Line (b)]		<input type="text"/>
23.	Tax Exempt - Approved Commerical Farming	<input type="text"/>	<input type="text"/>
24.	Tax Exempt - Other Income	<input type="text"/>	<input type="text"/>





V1-18400TRP07

BIR Number

2018

[Redacted box]

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

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 6, Schedule E, Line 1

[Redacted box]

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

To Nearest Dollar, Omit Cents/Commas

Sources 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 [Cols. (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				
(e) Rent, Premiums, etc. from Letting of Property				

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

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)]	[Redacted box]
(b) Profit (Loss) on Page 6, Schedule E, Line 22	[Redacted box]
(c) Sub Total [Line (a) plus Line (b)] [If the result is a Loss enter (0)]	[Redacted box]
(d) Profit (Loss) on Page 6, Schedule E, Line 12	[Redacted box]
(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)]	[Redacted box]

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

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 6, Schedule E, Line 16

Enter Total of Column (6) on Page 2, Line 28





V1-18400ITRP08

2018

BIR Number

[Redacted box]

SCHEDULE J
APPROVED COMMERCIAL FARMING
PROFIT (LOSS) ACCUMULATED DURING TAX EXEMPT PERIOD
[See Instruction No. 20 (xi)]

To Nearest Dollar, Omit Cents/Commas

Date Approved (1)	Period of Exemption (2)	Profit (Loss) b/f (3)	Profit (Loss) Current Year (4)	Profit (Loss) c/f (5)
DD/MM/YYYY	DD/MM/YYYY to DD/MM/YYYY	\$	\$	\$
[Redacted]	[Redacted] to [Redacted]	[Redacted]	[Redacted]	[Redacted]

On expiration of exempt period carry forward the Net Loss (if any) to Page 6, Schedule E, Line 4, Col. (3)

SCHEDULE K
PAYMENTS MADE IN RESPECT OF RENTS
(See Instruction No. 34)

To Nearest Dollar, Omit Cents/Commas

Name of Payee		Resident Status (Yes/No)		Amount Paid \$	
First Name	[Redacted]	<input type="checkbox"/> Y <input type="checkbox"/> N	(Tick Appropriate Box)	[Redacted]	
Last Name	[Redacted]			Withholding Taxes Paid \$	
Address of Payee		Address of Rental Property		[Redacted]	
Street	[Redacted]	Street	[Redacted]		
City/Town	[Redacted]	City/Town	[Redacted]		

SCHEDULE L
DETAILS OF PROMOTIONAL EXPENSES INCURRED
(See Instruction No. 30)

To Nearest Dollar, Omit Cents/Commas

CATEGORY OF EXPENSES		AMOUNT EXPENDED \$
(a)	Advertising in foreign markets	[Redacted]
(b)	Providing promotional literature for overseas distribution	[Redacted]
(c)	The participation in trade fairs, trade missions and similar promotional activities	[Redacted]
(d)	Overseas travel for the purpose of conducting promotional activities	[Redacted]
(e)	Providing free samples and technical information on products	[Redacted]
(f)	Inviting buyers to Trinidad and Tobago	[Redacted]
(g)	The recruitment of specialist sales personnel operating in foreign markets for a maximum of two years	[Redacted]
(h)	Conducting foreign market surveys	[Redacted]
TOTAL		[Redacted]
Calculate 150% of amount expended (Enter on Page 10, Schedule P, Line 23)		[Redacted]





V1-18400ITRP09

BIR Number

2018

[Redacted box]

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

(See Instruction No. 31)

To Nearest Dollar, Omit Cents/Commas

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 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

(1)		CLASS A (2)	CLASS B (3)	CLASS C (4)	CLASS D (5)	OTHER CLASS (6)	TOTAL ALLOWANCES (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 Line 10)						

SUMMARY OF ALLOWANCES

To Nearest Dollar, Omit Cents/Commas

(a)	Initial allowance [Line 6, Column (7)]	[Redacted]	
(b)	Less amount relating to non-qualifying use	[Redacted]	
(c)	Initial Allowance claimed [(a) minus (b)] (Enter on Page 10, Schedule P, Line 25)		[Redacted]
(d)	Wear and Tear Allowance (Line 10, Column 7 minus Line 6, Column 7)	[Redacted]	
(e)	Less amount relating to non-qualifying use or time	[Redacted]	
(f)	Wear and Tear Allowance claimed [(d) minus (e)] (Enter on Page 10, Schedule P, Line 26)		[Redacted]

**SCHEDULE O
BALANCING ALLOWANCES AND CHARGES**

(See Instruction No. 33)

To Nearest Dollar, Omit Cents/Commas

(1)	Written Down Value Prior to Disposal (2) \$	Disposal Proceeds (3) \$	Balancing Charge [Where Col. (3) is greater than Col. (2), Col. (3) minus Col. (2)] (4) \$	* Balancing Allowance [Where Col. (2) is greater than Col. (3), Col.(2) minus Col.(3)] (5) \$
CLASS A				
CLASS B				
CLASS C				
CLASS D				
OTHER CLASS				
TOTAL	[Redacted]	[Redacted]	[Redacted]	[Redacted]

*Balancing Allowance is granted only when there is no asset 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





V1-18400ITRP10

BIR Number **2018**

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

INCOME			To Nearest Dollar, Omit Cents/Commas
1	Gross Receipts / Sales	1	
2	Cost of Sales or Operations	2	
3	Gross Profit (Line 1 minus Line 2)	3	
4	Investment Income	4	
5	Interest (Submit Schedule)	5	
6	Rents (Submit Schedule)	6	
7	Royalties	7	
8	Balancing Charge	8	
9	Other Income (Submit Schedule)	9	
10	TOTAL INCOME (SUM OF LINES 3 TO 9)	10	
11	Less Tax Exempt Income	11	
12	NET TOTAL INCOME	12	
DEDUCTIONS			
13	Commissions, Discounts	13	
14	Salaries and Wages (Not declared elsewhere)	14	
15	Severance Pay (Submit Schedule)	15	
16	Repairs (Submit Schedule)	16	
17	Bad and Doubtful Debts (Submit Schedule)	17	
18	Entertainment/Meal Expenses (See Instruction No. 29)	18	
19	Rates and Taxes (Submit Schedule)	19	
20	Advertising	20	
21	Motor Vehicle Operating Expenses	21	
22	Interest, Bank Charges	22	
23	Promotional Expenses (See Instruction No. 30)	23	
24	Expenditure on Construction or Setting up Child Care or Homework Facility (See Instruction No. 31)	24	
25	Initial Allowance (See Instruction No. 32)	25	
26	Wear and Tear Allowance (See Instruction No. 32)	26	
27	Balancing Allowance (See Instruction No. 32)	27	
28	Rentals (Submit Schedule) (See Instruction No. 34)	28	
29	Other Business Expenses (Submit Schedule)	29	
30	TOTAL DEDUCTIONS (SUM OF LINES 13 TO 29)	30	
31	NET PROFIT (LINE 12, MINUS LINE 30) Transfer to Page 6, Schedule E, Line 6, Column (3)	31	





VI- 18400ITRP11

BIR Number **2018**

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

BALANCE SHEET AS AT **To Nearest Dollar, Omit Cents/Commas**

ASSETS	End of Accounting Period		Beginning of Accounting Period	
	(a) Amount	(b) Total	(c) Amount	(d) Total
1 Cash in hand and in bank				
2 Accounts receivable and prepayments				
<i>Less: Allowance for Bad Debts</i>				
3 Inventories				
4 Loans Receivable				
5 Other Current Assets				
6 Investments (<i>Submit Schedule</i>)				
7 Assets subject to depreciation				
<i>Less: Accumulated depreciation</i>				
8 Other Assets (<i>Submit Schedule</i>)				
9 TOTAL ASSETS				

LIABILITIES AND CAPITAL				
10 Accounts payable and accruals				
11 Bank Overdraft				
12 Current portion of long-term debt				
13 Other Current Liabilities				
14 Long -term debt				
15 Other Liabilities (<i>Submit Schedule</i>)				
16 Capital Accounts				
17 Profit and Loss Balance				
18 TOTAL LIABILITIES AND CAPITAL				

SCHEDULE R
INCOME TAX/BUSINESS LEVY/HEALTH SURCHARGE QUARTERLY INSTALLMENTS PAID - 2018
(See Instruction No.28)

To Nearest Dollar, Omit Cents/Commas

	INCOME TAX (1)		BUSINESS LEVY (2)		HEALTH SURCHARGE (3)	
	Date Paid	Amount \$	Date Paid	Amount \$	Date Paid	Amount \$
Quarters						
Jan. to Mar.						
April to June						
July to Sept.						
Oct. to Dec.						
Other payments in respect of 2018 liability						
	TOTAL (Enter amount on Page 2, Line 34)		TOTAL (Enter amount on Page 2, Line 35)		TOTAL (Enter amount on Page 5, Schedule D, Line 4, Section 1 or 2 as applicable)	





VI- 18400ITRP12

BIR Number **2018**

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 2018	\$ <input type="text"/>
	(b) Income Year 2017	\$ <input type="text"/>

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

To Nearest Dollar, Omit Cents/Commas

(1)	Tax Liability for 2018 (Page 2, Line 30)	\$ <input type="text"/>
(2)	Tax Liability for 2017	\$ <input type="text"/>
(3)	Increase in Tax Liability (Line 1 minus Line 2)	\$ <input type="text"/>
(4)	Enter 80% of increase (80% of Line 3)	\$ <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, 2019 to 30th April, 2019 or date of payment whichever is the earlier.





VI- 18400ITRP13

BIR Number **2018**

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 2018 (Jan. - Dec.) (2) \$	Business Levy Liability [0.6% 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"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Business Levy Liability Enter on Page 2, Line 31		<input type="text"/>	

Quarters	Business Levy Paid (5) \$	Compute 90% of Col. (3) (6) \$	*Compute 10% of Col. (3) for the previous quarter (7) \$	Minimum Payment Due Cols. (6) + (7) (8) \$	Short Payments Col. (8) minus Cols. (4) + (5) (9) \$
Jan. to Mar.	<input type="text"/>	<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"/>
TOTAL	<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, 2019 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).

