



V1-16400ITRP01

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.

2016 FORM 400 ITR

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

TAX COMPUTATION SECTION

INCOME		To Nearest Dollar, Omit Cents/Commas	
1	Income from Employment (Government and Non-Government) as per TD4 enclosed- See Instruction 12(a)	1	
2	Retirement Severance Benefit - See Instruction 13	2	
3	Pensions from sources within/outside T&T	3	
4	TOTAL EMOLUMENT INCOME (SUM OF LINES 1 TO 3)	4	
5	Less Travelling Expenses - See Instruction 12(b)	5	
6	NET EMPLOYMENT INCOME (LINE 4 MINUS LINE 5)	6	
7	Gross Amount Received on Cancellation of Approved Deferred Annuity/Pension Plan - See Instruction 15	7	
8	Employer's contribution to Approved Deferred Annuity/Pension Plan (Taxable Benefit) Section 134 (6)	8	
9	Net Income from Other Sources (Page 6, Schedule E)	9	
10	TOTAL INCOME (SUM OF LINES 6 TO 9)	10	





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, TOTAL NET INCOME, Deduct Personal Allowance, ASSESSABLE INCOME, Approved Pension Plan, Contributions to Widows' and Ophans' Fund, National Insurance Payments, SUM OF LINES 17 to 19, Employer's NIS Contributions, Approved Capital Expenditure, Alimony/Maintenance Payment, TOTAL DEDUCTIONS, CHARGEABLE INCOME, TAX ON CHARGEABLE INCOME, Total Tax Credits and Double Taxation Relief, Income Tax Liability, Business Levy Liability, and final liability calculations for lines 28 and 29.

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 TD4 CERTIFICATE(S) ENCLOSED, TOTAL PREPAYMENTS, and final difference/balance payable calculations for lines 30 or 31.

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 2017.

..... Signature of Taxpayer or Authorized Agent

FOR OFFICIAL USE ONLY
Place Date Received Stamp Here





V1-16400ITRP03

BIR Number **2016**

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 [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 Page 1, Line 4 (Enter whichever is greater)		<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 Date Paid (DD MM YYYY) <input type="text"/> Receipt No. <input type="text"/> Tax Paid To Nearest Dollar, Omit Cents/Commas <input type="text"/> MAINTENANCE OR ALIMONY PAID <input type="text"/> Enter on Page 2, Line 23
First Name	<input type="text"/>	Date (DD MM YYYY)	Registered No. <input type="text"/>	
Last Name	<input type="text"/>	Country of Origin <input type="text"/>		
Address of Spouse Street	<input type="text"/>			
City / Town	<input type="text"/>	BIR No. of Spouse	<input type="text"/>	
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			





V1-16400ITRP04

BIR Number **2016**

[Redacted box]

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

VENTURE CAPITAL TAX CREDIT

(a)

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

CNG KIT AND CYLINDER TAX CREDIT

(b)

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 [Col.(3) x 25%]	Tax Credit Claimed Limited to a Maximum of \$10,000
(1)	(2)	(3) \$	(4) \$	(5) \$
Enter total of Column (5) in Summary of Tax Credits, Line (b)				

SOLAR WATER HEATING EQUIPMENT TAX CREDIT

(c)

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 [Col. (3) x 25%]	Tax Credit Claimed Limited to a Maximum of \$10,000
(1)	(2)	(3) \$	(4) \$	(5) \$
Enter total of Column (5) in Summary of Tax Credits, Line (c)				

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

(d)

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 2016 [Col. (5) + Col. (6)] (Limited to \$1,250 p.a.)	Unclaimed Tax Credit c/f [Col. (5) + Col. (6) - Col. (7)]
(1)	(2)	(3)	(4) \$	(5) \$	(6) \$	(7) \$	(8) \$
Enter total of Column (7) in Summary of Tax Credits, Line (d)							

SUMMARY OF TAX CREDITS

To Nearest Dollar, Omit Cents/Commas

(a)	Venture Capital Tax Credit	\$	[Redacted]
(b)	CNG Kit and Cylinder Tax Credit	\$	[Redacted]
(c)	Solar Water Heating Equipment Tax Credit	\$	[Redacted]
(d)	National Tax Free Savings Bonds Tax Credit	\$	[Redacted]
Total of Tax Credits - Sum of Lines (a) to (d), Enter Total on Page 2, Line 27		\$	[Redacted]





V1-16400ITRP05

BIR Number **2016**

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(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 -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 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 - Health Surcharge Payable \$

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





V1-16400ITRP06

BIR Number **2016**

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"/>
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"/>





V1-16400ITRP07

BIR Number **2016**

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

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)]	<input type="text"/>
(b) Profit (Loss) on Page 6, 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 6, 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. 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 27





V1-16400ITRP08

BIR Number **2016**

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

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 to DD/MM/YYYY	\$	\$	\$
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	(Tick Appropriate Box)		<input type="text"/>
Last Name	<input type="text"/>	Address of Rental Property		Withholding Taxes Paid \$	
Address of Payee		Street		<input type="text"/>	
Street	<input type="text"/>	City/Town		<input type="text"/>	
City/Town	<input type="text"/>				

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	<input type="text"/>
(b) Providing promotional literature for overseas distribution	<input type="text"/>
(c) The participation in trade fairs, trade missions and similar promotional activities	<input type="text"/>
(d) Overseas travel for the purpose of conducting promotional activities	<input type="text"/>
(e) Providing free samples and technical information on products	<input type="text"/>
(f) Inviting buyers to Trinidad and Tobago	<input type="text"/>
(g) The recruitment of specialist sales personnel operating in foreign markets for a maximum of two years	<input type="text"/>
(h) Conducting foreign market surveys	<input type="text"/>
TOTAL	<input type="text"/>
Calculate 150% of amount expended (Enter on Page 10, Schedule P, Line 23)	<input type="text"/>





V1-16400ITRP09

BIR Number

2016

[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

		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 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





VI-16400ITRP10

BIR Number 2016

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

Table with columns for line number, description, and amount. Sections include INCOME (lines 1-12) and DEDUCTIONS (lines 13-31). Total Income is line 10, and Net Profits is line 31.





VI- 16400ITRP11

BIR Number 2016

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SCHEDULE Q
BALANCE SHEET
(See Instruction No.35)

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

Table with 5 columns: ASSETS, End of Accounting Period (a) Amount, (b) Total, Beginning of Accounting Period (c) Amount, (d) Total. Rows include Cash in hand and in bank, Accounts receivable and prepayments, Inventories, Loans Receivable, Other Current Assets, Investments, Assets subject to depreciation, Other Assets, and TOTAL ASSETS.

LIABILITIES AND CAPITAL

Table with 5 columns: LIABILITIES AND CAPITAL, End of Accounting Period (a) Amount, (b) Total, Beginning of Accounting Period (c) Amount, (d) Total. Rows include Accounts payable and accruals, Bank Overdraft, Current portion of long-term debt, Other Current Liabilities, Long-term debt, Other Liabilities, Capital Accounts, Profit and Loss Balance, and TOTAL LIABILITIES AND CAPITAL.

SCHEDULE R
INCOME TAX/BUSINESS LEVY/HEALTH SURCHARGE QUARTERLY INSTALLMENTS PAID - 2016
(See Instruction No.28)

To Nearest Dollar, Omit Cents/Commas

Table with 7 columns: INCOME TAX (1) Date Paid, Amount \$; BUSINESS LEVY (2) Date Paid, Amount \$; HEALTH SURCHARGE (3) Date Paid, Amount \$. Rows include Quarters (Jan. to Mar., April to June, July to Sept., Oct. to Dec.), Other payments in respect of 2016 liability, and TOTAL (Enter amount on Page 2, Line 32).





VI- 16400ITRP12

BIR Number **2016**

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 2016	\$ <input type="text"/>
	(b) Income Year 2015	\$ <input type="text"/>

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

To Nearest Dollar, Omit Cents/Commas

(1)	Tax Liability for 2016 (Page 2, Line 28)	\$ <input type="text"/>
(2)	Tax Liability for 2015	\$ <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 percent per annum from 1st January, 2017 to 30th April, 2017 or date of payment whichever is the earlier.





VI- 16400ITRP13

BIR Number **2016**

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 2016 (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"/>
Total Business Levy Liability Enter on Page 2, Line 29		<input type="text"/>	

Quarters (1)	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"/>
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 percent per annum from the date following the end of the quarter when the Business Levy Liability became due to 30th April, 2017 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).

