	GOVERNMENT OF THE REPUBL Ministry of Finance, Inland Revenue CORPORATION TAX RETURN		V1-17500CTRF	
		SURANCE AND PETROLEUM COMPA ue under Section 76 of the Income Tax Ac the Corporation Tax Act, Chap. 75:02		
			FOI	2017 RM 500 CTR
			ON INFORMATION CHANGE E OF INFORMATION	
		<b>IDENTIFICATION S</b>	ECTION	
PLEASE PRINT NAME OF COM		DRESS OF COMPANY, IF DIFFERENT	FROM ABOVE. USE BLACK INK ONLY BIR File No.	
NAME OF COM	IPANY (Cont'd)		VAT Registra	ation No.
ADDRESS OF C	COMPANY (STREET NO. AND NAI	ME)	No. of Emplo	vyees
CITY OR TOW	N		Telephone N	0.
COUNTRY			Telephone N	0.
E-MAIL ADDR	ESS		Fax No.	
ADDRESS OF F	REGISTERED OFFICE(STREET NO.	AND NAME)	Telephone No	o. of Managing Director
CITY OR TOWN	۸ ۷	COUNTRY	Accounting	Period
MAILING ADD	RESS IF DIFFERENT FROM ABOV	E (STREET NO. AND NAME)	From	DD MM YYYY
CITY OR TOWN	N	COUNTRY	То	
NATURE OF BI	JSINESS OR PRINCIPAL ACTIVITY	Ŷ	Company Reg	istration No.
COUNTRY OF	INCORPORATION		Date of Incorp	oration
Ap	opropriate Box ( <i>See</i> Instruction No. 6 proved Small Company anch of Non-Resident Company proved Agriculture Holdings gional Development Company	<ul> <li>i)</li> <li>Investment Company</li> <li>Close Company</li> <li>Approved Activity Company</li> </ul>	Charita	esident Company able Organization Listed Company

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## COMPUTATION OF CORPORATION TAX/BUSINESS LEVY DUE AND PAID

(b) Enter Business Levy Payable

(a) Enter Corporation Tax Refund

(b) Enter Business Levy Refund

RE	LIEFS		To Nearest Dollar, Omit Cents/Commas
1	Gross Receipts/Sales (Schedule A, Page 3, Line 1)	1	
2	Chargeable Profits (Schedule A, Page 3, Line 39)	2	
3	Corporation Tax [(Tick the Appropriate Box/s) (See Instruction 10)]         [Where line 2 exceeds \$1,000,000 complete (a)(i) and (a)(ii)]         (a)(i)       25% of line 2 up to \$1,000,000         (a)(ii)       30% of line 2 exceeding \$1,000,000         (b)       10%       35%		
	Total [Sum (a)(i) and (a)(ii) or (b)]	3	
4	Double Tax Relief (Schedule R, Page 12)	4	
5	Relief under Section 16 A (See Intruction 12)	5	
6	Venture Capital Tax Credit (Schedule S, Page 12)	6	
7	Total Reliefs (Sum of Line 4 to Line 6)	7	
8	Corporation Tax Liability ( Line 3 minus Line 7)	8	
9	Business Levy Liability (Schedule V, Page 14, Column 3)	9	
10	(a) If Line 8 is greater than Line 9 - Enter Corporation Tax Liability	10 (a)	
	(b) If Line 8 is equal to or less than Line 9 - Enter Business Levy Liability	(b)	
PA	YABLE/REFUND		
11	Corporation Tax Paid (Schedule W, Page 15)	11	
12	Business Levy Paid (Schedule W, Page 15)	12	
13	TOTAL (Line 11 plus Line 12)	13	
14	If Line 10 (a) or 10 (b) is greater than Line 13 - (a) Enter Corporation Tax Payable	14 (a)	

15

(BLOCK LETTERS)	
of the whole of the income or profits of	
from every source whatsoever, chargeable under the Corporation Tax Act, Chap. 75:02 and that the Schedules	FOR OFFICIAL USE ONLY
and Statements included in this Return are true and correct, and I further declare that I am authorized by the	
said Company to sign this Return on its behalf.	

GENERAL DECLARATION IT IS AN OFFENCE PUNISHABLE BY FINE AND/OR IMPRISONMENT TO MAKE A FALSE RETURN PLEASE SIGN GENERAL DECLARATION

Given under my hand this\_

\_\_\_\_ day of \_\_\_\_\_ , 2018.

declare that this is a true and correct Return

# PLEASE SIGN RETURN

If Line 10 (a) or 10 (b) is less than Line 13 -

Signature of Director or Authorized Agent

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

Place Date Received Stamp Here

(b)

(b)

15 (a)





2017

### SCHEDULE A PROFIT AND LOSS COMPUTATION OF NET PROFIT OR LOSS

(See Instruction No.13)

IN	COME		To Nearest Dollar, Omit Cents/Commas
1	Gross Receipts or Gross Sales	1	
2	Cost of Sales or Operations (Schedule D, Page 5)	2	
3	GROSS PROFITS (Line 1 less Line 2)	3	
4	Dividends including: Preference Dividends and other distributions from resident or non-resident companies [See Instruction $13(a)$ ]	4	
5	Interest (Submit Schedule)	5	
6	Rents (Submit Schedule)	6	
7	Royalities	7	
8	Balancing Charges (Schedule P, Page 10)	8	
9	Short-Term Capital Gains	9	
10	Other Income (Submit Schedule)	10	
11	TOTAL INCOME (Sum of Lines 3 to 10)	10	
12	Less: Tax Exempt Income (Schedule E, Page 5)	12	
13	NET TOTAL INCOME	12	
Ľ			
DF	DUCTIONS		To Nearest Dollar, Omit Cents/Commas
14	Remuneration of Directors (Schedule F, Page 6)	14	
15	Salaries and Wages (Not deducted elsewhere)	15	
16	Severance Pay (Submit Schedule)	16	
17	Repairs (Submit Schedule)	17	
18	Bad and Doubtful Debts (Submit Schedule)	18	
19	Gross Payments and Distributions (Schedule I, Page 8)	19	
20	Rates and Taxes (Submit Schedule)	20	
21	Advertising	21	
22	Contributions to Approved Funds, Schemes or Plans (Submit Schedule)	22	
23	Preference Dividends Paid	23	
24	Expenditure on Construction or Setting up of Child Care or Homework Facility (Schedule N, Page 10)	24	
25	Initial Allowance (Schedule O, Page 10)	25	
26	Wear and Tear Allowance (Schedule O, Page 10)	26	
27	Balancing Allowance (Schedule P, Page 10)	27	
28	Promotional Expenses (Schedule M, Page 9)	28	
29	Production Company Allowance (Schedule K, Page 9)	29	
30	Scholarship Allowance (Submit Schedule)	30	
31	Art and Culture, Sportsmen, Sporting Activities, Audio, Visual or Video Production, Fashion Industry Allowance (Schedule L, Pg. 9)	31	
32	Training and Re-training (up to 150% of Actual Expenditure) (Submit Schedule)	32	
33	Other Deductions (Include Business Expenses not mentioned above) (Submit Schedule)	33	
34	TOTAL DEDUCTIONS (Sum of Lines 14 to 33)	34	
35	CHARGEABLE PROFITS (Line 13 less Line 34)	35	
36	Less: Loss Relief (Schedule U, Page 13)	36	
37	Chargeable Profits after Losses (Line 35 less Line 36)	37	
38	Less: Group Relief (Schedule T, Page 13)	38	
39	CHARGEABLE PROFITS AFTER GROUP RELIEF (Line 37 less Line 38) (TRANSFER TO Page 2, Line 2)	39	





For Non-I (Se	ee Instruction No.14)	To Nearest Dollar, Omit Cents/
Chargeable Profits	\$	
Deduct: Corporation Tax (See page 2 line 3)	\$	
Profits Reinvested (Attach Statement)		
Profits subject to Withholding Tax		
Withholding Tax Calculated		
Withholding Tax Paid		\$
Date Paid Receip	ot Number	
Balance Payable		\$
-		
RECONCILIATION OF CHARGEABLE I	SCHEDULE C PROFITS WITH BALANCE OF PROFI (See Instruction No.15)	T AND LOSS ACCOUNT
RECONCILIATION OF CHARGEABLE I	PROFITS WITH BALANCE OF PROFI	
	PROFITS WITH BALANCE OF PROFI (See Instruction No.15)	To Nearest Dollar, Omit Cents/O
Net Profit/Loss as per Profit and Loss Account	PROFITS WITH BALANCE OF PROFI (See Instruction No.15)	To Nearest Dollar, Omit Cents/O
Net Profit/Loss as per Profit and Loss Account	PROFITS WITH BALANCE OF PROFI (See Instruction No.15)	To Nearest Dollar, Omit Cents/O
Net Profit/Loss as per Profit and Loss Account Add Expenses not Allowable: (1) Depreciation	PROFITS WITH BALANCE OF PROFI (See Instruction No.15)	To Nearest Dollar, Omit Cents/O
Net Profit/Loss as per Profit and Loss Account Add Expenses not Allowable: (1) Depreciation 2) Entertainment (25%)	PROFITS WITH BALANCE OF PROFI (See Instruction No.15)	To Nearest Dollar, Omit Cents/O
Net Profit/Loss as per Profit and Loss Account         Add Expenses not Allowable:         (1) Depreciation	PROFITS WITH BALANCE OF PROFI (See Instruction No.15)	To Nearest Dollar, Omit Cents/0
Net Profit/Loss as per Profit and Loss Account Add Expenses not Allowable: (1) Depreciation	PROFITS WITH BALANCE OF PROFI           (See Instruction No.15)	To Nearest Dollar, Omit Cents/0
Jet Profit/Loss as per Profit and Loss Account	PROFITS WITH BALANCE OF PROFI         (See Instruction No.15)	To Nearest Dollar, Omit Cents/0
Net Profit/Loss as per Profit and Loss Account         Add Expenses not Allowable:         (1) Depreciation	PROFITS WITH BALANCE OF PROFI         (See Instruction No.15)	To Nearest Dollar, Omit Cents/0
Net Profit/Loss as per Profit and Loss Account	PROFITS WITH BALANCE OF PROFI (See Instruction No.15)	To Nearest Dollar, Omit Cents/0
Net Profit/Loss as per Profit and Loss Account	PROFITS WITH BALANCE OF PROFI (See Instruction No.15)	To Nearest Dollar, Omit Cents/0
Jet Profit/Loss as per Profit and Loss Account	PROFITS WITH BALANCE OF PROFI (See Instruction No.15)	To Nearest Dollar, Omit Cents/0
Vet Profit/Loss as per Profit and Loss Account	PROFITS WITH BALANCE OF PROFI         (See Instruction No.15)	To Nearest Dollar, Omit Cents/0
Net Profit/Loss as per Profit and Loss Account Add Expenses not Allowable: (1) Depreciation	PROFITS WITH BALANCE OF PROFI         (See Instruction No.15)	To Nearest Dollar, Omit Cents/0



## SCHEDULE D COST OF SALES OR OPERATIONS

V1- 17500CTRP05

(See Instruction No.16)

		To Nearest Dollar, Omit Cents/Commas
1.	Stock at beginning of year	\$
2.	Purchases of Goods for Sale or Manufacture	
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 Line 6) (Enter amount on Page 3, Schedule A, Line 2)	

### SCHEDULE E TAX EXEMPT INCOME (See Instruction No.17)

		To Nearest Dollar, Omit Cents/Commas
		\$
1.	Interest (Attach Schedule)	
2.	Dividends (Excluding Preference Dividends) and other Distributions from Resident Companies	
3.	Preference Dividends - Enter receipts of Preference Dividends paid out of Tax Exempt Profits where such Dividends are Exempt under Specfic Enactments	
4.	Profits exempt under the Fiscal Incentives Act (Attach Schedule)	
5.	Approved Commerical Farming	
6.	Interest on Loans to Approved Small Companies/Approved Commerical Farming	
7.	Other Tax Exempt Income (Attach Schedule)	
	TOTAL (Enter amount on Page 3, Schedule A, Line 12)	



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**BIR Number** 



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#### SCHEDULE F REMUNERATION OF DIRECTORS (CLOSE COMPANIES ONLY) (See Instruction No. 18)

(See Instruction No.18)

							To Nearest Dollar, (	Jinit Cents/Commas
Name of Director	Director's BIR Number	Time devoted to business (Part Time/ Whole Time)	State if Director is a Full-Time Employee of Company	Share Capital owned by Director and Associates	Ordinary Share Capital owned by Director and Associates	Director's Fee	Other Remuneration	Total Remuneration allowed as Deduction
(1)	(2)	(3)	(4)	(5)	(6) %	(7) \$	(8) \$	(9) \$
-								

## SCHEDULE G DIVIDENDS AND OTHER DISTRIBUTIONS PAID OR CREDITED TO NON-RESIDENT SHAREHOLDERS

(See Instruction No.19)

						To Nearest Do	llar, Omit Cents/Commas
Name of Shareholder (Surname First)	Country of Residence	Number of Shares	Class of Shares	Gross Dividends or Other Distributions	Rate of Withholding Tax	Date Paid	Withholding Tax deducted and Paid
(1)	(2)	(3)	(4)	(5) \$	(6) %	(7)	(8) \$





2017

**BIR Number** 

### SCHEDULE H LIST OF SHAREHOLDING [See Instruction No.30(3)]

In respect of each Year of Income in which an unrelieved loss was incurred, the Company should submit a listing of its shareholders and their respective Shareholdings as at the last day of the Year of Income involved. It may be convenient to use the format shown above.

An analysis showing the Years of Income in which the unrelieved loss was incurred and the loss incurred in each respective year should also be prepared.

 YEAR
 LOSSES TO BE CARRIED<br/>FORWARD
 YEAR
 LOSSES TO BE CARRIED<br/>FORWARD

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2017

SCHEDULE I

## **GROSS PAYMENTS AND DISTRIBUTIONS (TT\$ ONLY)**

(See Instruction No. 20)

					To Nearest Dollar,	Omit Cents/Commas
	Item	Total Payments	Payments to Residents	Payment to Non-Residents	Amount of Withholding Tax deducted and paid to the Board of Inland Revenue	Receipt No. and Date
	(1)	(2) \$	(3) \$	(4) \$	(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 Contributions to Pension Funds and Schemes)					
7	Commissions, Fees and Licences					
8	Discounts					
9	Covenanted Donations					
10	<b>Total of Lines 1 to 9</b> - Transfer Amount to Page 3, Schedule A, Line 19					
11	<b>Preference Dividends paid</b> - Transfer amount to Page 3, Schedule A, Line 23 (Shares issued before 31/1/66)					
12	Ordinary Dividends					
13	Other Distributions					
14	Fotal Payments and Distributions					

Note: Details of Payments are to be entered in Schedule J, as applicable.

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

(See Instruction No. 20)

Type of Payment	Name of Payee	Address of Payee	Amount Paid	Address of Rental Property	B.I.R. Registration Number of Covenant
(1)	(2)	(3)	(4) \$	(5)	(6)



To Nearest Dollar, Omit Cents/Commas



# SCHEDULE K PRODUCTION COMPANY ALLOWANCE

(See Instruction No.21)

To Nearest Dollar, Omit Cents/Commas

2017

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 29

### SCHEDULE L ART AND CULTURE, SPORTSMEN, SPORTING ACTIVITIES, AUDIO, VISUAL OR VIDEO PRODUCTION AND FASHION INDUSTRY ALLOWANCE (See Instruction No.22)

			To Nearest Dollar, Omit Cents/Commas
Category of Sponsorship	Actual Expenses Incurred	[150% of Column (2)]	Allowance Claimed Greater of Columns (2) and (3)
(1)	(2) \$	(3) \$	(4) \$
Art and Culture			
Sportsmen/Sporting Activities			
Audio, Visual / Video Production			
Fashion Industry			
TOTAL of Column (4) Limited to \$3,000,000		<b>.</b>	

Enter Total of Column (4) on Page 3, Schedule A, Line 31

### SCHEDULE M DETAILS OF PROMOTIONAL EXPENSES INCURRED

[See Instruction No. 13(f)]

	10 1	earest Dollar, Omit Cents/Commas
	CATEGORY OF EXPENSES	\$
(a)	Advertising in foreign 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	
C	alculate 150% of Total (Enter on Page 3, Schedule A, Line 28)	



# **V1-17500CTRP10**

**BIR Number** 

	EXPEN	CHILD CARE		ON OR SETTING ORK FACILITY	UP OF	To	Nearest Dollar.	Omit Cents/Commas
Location of Facility	Completion Data	1			ction Claimed			
Location of Facility	Completion Date	Expenditur	e incuited		ing \$500,000 each		Expenditure ov Col. (3) -	
(1)	(2)	(3			(4)	, 	(5)	
		\$	5		\$		\$	
Enter Total of Column (4) up to Enter Total of Column (5) in Sch		age 3, Schedule A	, Line 24					
		INITIAL AND	SCHEDULE WEAR AND T (See Instruction N	EAR ALLOWAN	ICE			
<b>r</b> - †				1	1	T		, Omit Cents/Comma
			CLASS A	CLASS B	CLASS C	CLASS D	OTHER CLASS	TOTAL ALLOWANCE
	(1)		(2)	(3)	(4)	(5)	(6)	(7)
1 Wear and Tear Rates			10%	25%	33.3%	40%	*	<i>.</i>
2 Written Down Value of Plan	nt and Machinery at beginning	of accounting and	\$	\$	\$	\$	\$	\$
								-
3 Written Down Value of Bui	ldings at beginning of accountin	ng period			1			
4 Additions			_					4
5 Subtotal (Line 2 to 4)			-					
6 Initial Allowance	0		_					
7 Subtotal (Line 5 minus Line	6)							4
8 Disposal Proceeds								4
``	9 Subtotal (Line 7 minus Line 8. If Line 8 is greater than Line 7 Enter 0)							
10 Wear and Tear [(Line 1 x Li	ne 9) plus Line 6]							
11 Written Down Value at the	end of accounting period (Line	9 minus Line 10)						
		SUMMAR	Y OF ALLOW	ANCES		To Near	est Dollar, Omit	Cents/Commas
(a) Initial Allowance [Line 6	, Column (7)]			[				
(b) Less amount relating to n	on-qualifying use			[				
(c) Initial Allowance claimed	[(a) minus (b)] (Enter on Page	3, Schedule A, Lir	ne 25)					
(d) Wear and Tear Allowance	e (Line 10, Column 7 minus Lin	e 6, Column 7)						
(e) Less amount relating to no	on-qualifying use or time			L				
(f) Wear and Tear Allowance	claimed [(d) minus (e)] (Enter	on Page 3, Schedu	le A, Line 26)					
	BA	LANCING AL	CHEDULE P LOWANCES A Instruction No. 25	ND CHARGES		To	Nearest Dollar. (	Omit Cents/Commas
	Written Down Value Prior to Disposal         Disposal Proceeds         Balancing Charge [Where Column (3) is greater than Column (2), Column (3) minus         * Balancing Allowance [Where Column (2) is greater than Column (2), Column (3)							
(1) (2) (3 \$				Column (2)] (4) \$		minus Colu	1mn (3)] (5) \$	
CLASS A	φ		\$	3			¢	
CLASS B								
CLASS C								
CLASS D								
OTHER CLASS						_		
TOTAL								





2017

## SCHEDULE Q

BALANCE SHEET

(See Instruction No.26)

BALANCE SHEET AS AT To Nearest Do						
	ASSETS	END OF IN	NCOME YEAR	BEGINNING OF INCOME YEAR		
	A55E15	(a) Amount \$	(b) Total \$	(c) Amount \$	(d) Total \$	
1	Cash in hand and in bank					
2	Accounts receivable and prepayments					
	Less: Allowance for Bad Debts					
3	Inventories					
4	(a) Amounts due from Directors					
	(b) Amounts due from related Companies					
5	Other Current Assets					
6	Investments (Submit Schedule)					
7	Assets subject to depreciation					
	Less: Accumulated depreciation					
8	Other Assets (Submit Schedule)					
9	TOTAL ASSETS			_		
1	LIABILITY AND EQUITY					
10	Accounts payable and accurals					
11	Bank Overdraft					
12	(a) Amounts due to Directors					
	(b) Amounts due to related Companies					
13	Current portion of long-term debt					
14	Other Current Liabilities					
15	Long -term debt					
16	Other Liabilities (Submit Schedule)					
17	Share Capital					
	(a) Preference Shares					
	(b) Ordinary Shares					
18	Capital Reserves					
19	Revenue Reserves					
20	Profit and Loss Balance					
21	TOTAL LIABILITIES AND EQUITY					



# V1- 17500CTRP12

**BIR Number** 

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### SCHEDULE R DOUBLE TAX RELIEF

(See Instruction No.27)

To Nearest	Dollar,	Omit	Cents/Commas
10 Incarca	Donai,	Omit	cents/commas

Name of Company or	Type of Income	% of the Issued Shares	Gross Income	Tax paid in	Rate of Tax in	Double Tax Relief
Person from whom income	(Dividends, Interest,	or Voting Stock of the	before Deduction	Foreign	Foreign Country	Claimed
is received (group	Royalties, Rent, etc.)	Paying Company owned	of Tax in Foreign	Country		
acccording to Country)		by the Receiving	Country			
		Company, where				
		applicable.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		%	\$	\$	%	\$
Enter Total of Column (7) or	n Page 2, Line 4				\$	

### SCHEDULE S VENTURE CAPITAL TAX CREDIT (See Instruction No.28)

					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. (3)]	Credit brought forward	Credit Claimed	Credit to be carried forward [Col. (4)+Col. (5) - Col. (6)]
(1)	(2) \$	(3) %	(4) \$	(5) \$	(6) \$	(7) \$
Enter Total of Col. (6) on Page						



# V1- 17500CTRP13

BIR Number

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### SCHEDULE T GROUP RELIEF

(See Instruction No.29)

Name of Surrendering Company and B.I.R File Number	Accounting Period for which relief is claimed by Surrendering Company	Trading Loss surrendered [Enter on Page 13, Schedule U, Col. (5) of Surrendering Company's return]	

Name of Claimant Company and B.I.R File Number	Accounting Period for which relief is claimed by Claimant Company	Chargeable Profits of Claimant Company utilizied by group relief [Enter on Page 3, Schedule A, Line 38 of Claimant Company's return]

### SCHEDULE U COMPUTATION OF LOSS RELIEF (See Instruction No.30)

	10 Nearest Donar, Onit Cents/Commas						
Category of Profits/Losses	Brought forward Losses	Current Year Losses, if any.	Available Loss to be set off	Current Year's Net Profits/Income	Amount of Losses set off	Net Profits/ Income after Losses set off	Losses Carried forward if any
	(1) \$	(2) \$	(3) \$	(4) \$	(5) \$	(6) \$	(7) \$
(a) Farming							
(b) Operation of Mines							
(c) Trade or Business							
(d) Hotel Operations							
(e) Pioneer/Fiscal Incentives							
(f) Interest							
(g) Rentals/Royalties							
(h) Short-Term Capital Gains							
(i) Other							
TOTALS							
Enter Total of Column (5) on	Page 3, Schedule A	A, Line 36			I		

If Yes, complete Schedule H, Page 7



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#### SCHEDULE V STATEMENT OF BUSINESS LEVY LIABILITY AND COMPUTATION OF INTEREST ON SHORT PAYMENTS (See Instruction No. 31)

(See Instruction No. 31)

Date of Incorporation of Business

(dd mm yyyy)

			To Nearest Dollar, Omit Cents/Commas
Quarters (1)	Actual Gross Sales/Receipts for 2017 (Jan Dec.) (2) \$	Business Levy Liability [0.6 % of Column (2)] (3) \$	Tax Offset [Limited to amount in Column (3)] (4) \$
Jan. to Mar.			
April to June			
July to Sept.			
Oct. to Dec.			
TOTAL			
Total Business Levy Liability Enter on Page 2, Line 9			

Quarters	Business Levy Paid (5) \$	Compute 90% of Col. (3) (6) \$	*Compute 10% of Col. (3) for the previous quarter (7) \$	Minimum Payment Due Col. (6) + Col. (7) (8) \$	Short Payments Col. (8) minus Col. (4) + Col. (5) (9) \$
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 Business Levy Liability became due to 30th April, 2018 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).





### SCHEDULE W INSTALLMENTS PAID IN RESPECT OF CORPORATION TAX, BUSINESS AND GREEN FUND LEVY FOR THE YEAR OF INCOME 2017

(See Instruction No.32)

To Nearest Dollar, Omit Cents/Commas

CORPORATION TAX				BUSINESS LEVY			GREEN FUND LEVY		
(1) \$				(2) \$			(3) \$		
Quarters	Date Paid	Receipt No.	Amount \$	Date Paid	Receipt No.	Amount \$	Date Paid	Receipt No.	Amount \$
Jan. to Mar.									
April to June									
July to Sept.									
Oct. to Dec.									
Other Payments in respect of 2017 Liability									
Total Installments paid (Enter amount on Page 2, Line 11)			TOTAL (Enter amount on Page 2, Line 12)			TOTAL			





### SCHEDULE X STATEMENT OF GREEN FUND LEVY LIABILITY AND COMPUTATION OF INTEREST ON SHORT PAYMENTS (See Instruction No. 33)

Quarters		Actual Gross Sales/Recei	pts for 2017	Green Fund Levy Liability			
(1)		(Jan Dec.) (2) \$		[0.3 % of Column (2)] (3) \$			
Jan. to Mar.							
April to June	[						
July to Sept.							
Oct. to Dec.							
FOTAL							
Fotal Green Fund Levy	Liability						
Quarters	Green Fund Levy Paid	Compute 90% of Col. (3)	*Compute 10% of Col. (3) for the previous	Minimum Payment Due Col. (5) + Col. (6)	Short Payments Col. (7) - Col. (4)		
	(4) \$	(5) \$	quarter (6) \$	(7) \$	(8) \$		
Jan. to Mar.							
April to June							
July to Sept.							
Oct. to Dec.							

\* 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 than Column (4), enter Green Fund Levy Payable

If Column (3) is less than Column (4), enter Green Fund Levy Refund

