

INSTRUCTIONS.

- (i) *Income Tax Return Form for taxpayer who has not filed return for any of the preceding ~~ten~~ tax years.*
- (ii) *Individual shall mention CNIC only as income tax registration and attach copy of CNIC*
- (iii) *AOP shall mention NTN instead of CNIC.*

Form A

RETURN FOR TRADER QUALIFYING UNDER PART I OF THE SCHEDULE FOR THE TAX YEARS 2015 TO 2018

Name of proprietor/Managing Member of AOP _____

CNIC: (please attach copy of CNIC) _____

Business (es) Name & Address(es) _____

Phone: _____ Email: _____ Mobile: _____

Residential Address of the proprietor: _____

Name(s) and Residential address(es) of Members of AOP (if applicable) _____

(1) Amount of working capital _____

(2) Tax payable on (1) above (for tax year 2015 only) _____

(3) Total Turnover _____

(4) Tax payable on (3) above (for tax years 2016, 2017 and 2018 only) _____

(5) Amount of Tax [(2) or (4)] _____

(6) CPR No: _____ Dated: _____

Declaration:

I _____ CNIC No. _____ in my capacity as **self /representative** of taxpayer named above, do hereby solemnly declare that to the best of my knowledge and belief the information given in simplified return is correct and complete in accordance with the provisions of Part I of the Ninth Schedule to Income Tax Ordinance, 2001

Signature : _____

Date : _____