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The Gazette of the Democratic Socialist Republic of Sri Lanka
EXTRAORDINARY

අංක 2081/45 - 2018 ජූලි මස 26 වැනි බ්‍රහස්පතින්දා - 2018.07.26
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(Published by Authority)

PART 1: SECTION (1) - GENERAL

Government Notifications

INLAND REVENUE ACT NO. 24 OF 2017

Notice under Section 91 (2)

BY virtue of powers vested in me Under Section 114 of the Inland Revenue Act, No. 24 of 2017 read with Section 91(2) 1, Dissanayake Mudiyanseelage Lalith Ivan Dissanayake, Commissioner General of Inland Revenue, do by this Order;

- (a) rescind with effect from 1st April 2018, the Order made under that Section and published in the Gazette Extraordinary No. 2064/65 of April 1, 2018, and
- (b) specify with weffect from 1st April 2018, for the purpose of Section 91(1), the form of the Statement of Estimated Tax Payable in the Schedule mentioned below.

D. M. L. I. DISSANAYAKE,
Commissioner General of Inland Revenue.

Department of Inland Revenue,
Colombo 02,
24th July, 2018.

SCHEDULE





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இலங்கை உள்ளூர் இ
Sri Lanka Inland R
STATEMENT O
(S
YEA

Taxpayer Identification Number (TIN)

Ivan Dissanayake
Commissioner General of Inland Revenue
Inland Revenue Department
Colombo 02

Date of Issue:

(Please '✓' mark the relevant cages)

Statement Type : Original Statement

Income Tax Type : Corporate Income Tax

For the year of assessment 2018/19, submit this statement at your convenience in the submission of the return.

PART - I : STATEMENT OF ESTIMATE

A	Tax Liability of the Previous Year
B	5% of Previous Year Tax Liability
C	Estimated Tax Payable

PART - II: STATEMENT OF ESTIMATE

	Source of Income
A	Employment Income
B	Business Income
C	Investment Income
D	Other Income
E	Total Estimated Assessable Income
F	Estimated Deduction under Section 44
G	Total Estimated Taxable Income
H	Total Estimated Tax Liability
I	Estimated Foreign Tax Credit
J	Estimated Tax Payable

Special Reasons (if any) in case of Estimated Tax Payable



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வரிகள் - வளம்
TAXES - FOR

PART - III: ESTIMATED TAX PAYABLE

Installment				
1	D	D	/	M
2	D	D	/	M
3	D	D	/	M
4	D	D	/	M
Total Estimated Tax Payable				

PART - IV: DECLARATION

I declare to the best of my knowledge a Payable are true, correct and complete.
I do hereby agree to pay the above taxes

Full Name of the Declarant		
Designation		(Proprietor)
NIC No/TIN		
Telephone Number		
E-Mail		
Signature of Declarant		
Date:	D	D
Full name of Agent / Authorized Person or Employee		
NIC No/TIN		
Signature of Agent/ Authorized Person or Employee		
Date:	D	D

*This Statement of Estimated Income and Inland Revenue and required to be
Duly completed form should be submitted to any Regional Office or to any District Office.
Please, note that penalties shall be levied on the declarant for non-payment of*