



THE INCOME TAX ACT
**RETURN OF INCOME AND TAX PAYABLE
ORGANIZATIONS (BODIES CORPORATE)**

IT02

Year of Assessment

Please Read Notes before Completing this Return

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Section A - GENERAL INFORMATION

1. Company Name	2. Taxpayer Registration Number <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>									
3. Registered Office (Street No. & Name, Postal Zone and Parish)	4. Business Mailing Address (if different from 3.)									
5. Indicate Incentive Act to which you are subject (Tick appropriate box, if applicable): <table style="width: 100%;"> <tr> <td><input type="checkbox"/> ESOP</td> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Hotel</td> </tr> <tr> <td><input type="checkbox"/> Cement Industry</td> <td><input type="checkbox"/> Resort Cottages</td> <td><input type="checkbox"/> Export Industry</td> </tr> <tr> <td><input type="checkbox"/> Petrol Refining</td> <td><input type="checkbox"/> Shipping</td> <td><input type="checkbox"/> Urban Renewal</td> </tr> </table>		<input type="checkbox"/> ESOP	<input type="checkbox"/> Industrial	<input type="checkbox"/> Hotel	<input type="checkbox"/> Cement Industry	<input type="checkbox"/> Resort Cottages	<input type="checkbox"/> Export Industry	<input type="checkbox"/> Petrol Refining	<input type="checkbox"/> Shipping	<input type="checkbox"/> Urban Renewal
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6. Tick appropriate box: <input type="checkbox"/> New Address <input type="checkbox"/> Revised Return										

Section B - SUMMARY OF INCOME (Attach Financial Statements and Income Tax Computation)

Gross Receipt /Sales/Income	7		
Cost of Sales/Operations	8		
Gross Operating Profit (Subtract Line 8 from line 7)		9	
Business/Administrative Expenses	10		
Adjustments (Attach Schedule 1)	11		
Total Expenses (Subtract Line 11 from Line 10)		12	
Net Profit (Subtract Line 12 from Line 9)		13	
Gross Rental from Land, House or other Property	14		
Rental Expenses (Attach Schedule 1)	15		
Net Rental (Subtract Line 15 from Line 14)		16	
Dividends, Interest, Investment, Annuities and Discount (Attach Schedule 4)		17	
Sources Outside the Island (Attach Schedule 4)		18	
Other Income (Attach Schedule 4)		19	
Total Income (Add Lines 13, 16, 17, 18 & 19)		20	

Section C - DEDUCTIONS

Total Capital Allowances (Business & Rental Assets - Attach Schedule 2)	21		
Losses for Previous Years (Brought forward)	22		
Covenanted Donations (Attach Schedule 4)	23		
Franked Income (If included in Section B above)	24		
Total Deductions (Add Lines 21, 22, 23 & 24)		25	
Statutory Income before Donations (Subtract Line 25 from Line 20)		26	
Donations (Attach Schedule 4) (Please see Notes for calculation)		27	
Statutory Income after Donations (Subtract Line 27 from Line 26)		28	

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

Section D - TAX COMPUTATION					
Income Tax on Chargeable Income (Line 28 x %)				29	
CREDITS:					
Tax Deducted from Distribution Received (Attach Certificates)				30	
Double Taxation Relief (Attach Certificates)				31	
IncomeTax Relief in respect of Incentive Income				32	
Other Credits (Not including refunds from previous years)				33	
Total Credits (Add Lines 30, 31, 32 & 33)				34	
NET TAX PAYABLE (Subtract Line 34 from Line 29)				35	
Estimated Tax Paid				36	
TAX PAYABLE/(REFUNDABLE) (Subtract Line 36 from Line 35)				37	

Section E - BENEFIT FOR PRINCIPAL MEMBERS				
Taxpayer Registration Number	Name	Description Of Benefit	Value	Amount Deducted

Section F - DECLARATION	FOR OFFICIAL USE
<p>I declare that to the best of my knowledge and belief this is a true and correct Return of the whole of the income of</p> <p>----- (company's name)</p> <p>and a true and correct statement of the information and particulars given in the form and attached documents. This Declaration is made with the full knowledge and understanding that any false statement made herein by me or on my behalf will render me liable to penalties and/or criminal proceedings.</p> <p>_____ Name</p> <p>_____ Signature</p> <p>_____ Title/Position</p> <p>_____ Date</p> <div>Company Stamp</div>	