

#### THE INCOME TAX ACT

# **EMPLOYER'S ANNUAL RETURN** PAY AS YOU EARN (INCOME TAX) YEAR ENDED 31st DECEMBER

Year of Assessment

Please Read Instructions over	leaf before Completir	ng thi	s Returi	n		
Section A - GENERAL INFORMATION  1. Name of Employer	2. Taxpayer Registration Number (Branch					No.)
		1	1 1	1 1	- 1 1	1 1
3a. Address (Street No. and Name, Postal Zone, Parish)	3b. Mailing Address	(if di	fferent fro	om 3a.)	☐ New	ropriate box: Address
Total Number of Employees during the return year				5		
Total Number of Tax Deduction Cards maintained during the re	eturn year			6		
Section B - SUMMARY OF TAX DEDUCTED AND REMITTED	)					
Total net deducted in return year <i>(FromLine (d), Schedule 5)</i> · · · · · · · · · · · · Total amounts (if any) advanced or reimbursed by the Tax Department for refunds to employees · · · · · · · · · · · · · · · · · ·						
Net tax payable (Add Line 7 and Line 8)		9				
Total tax already remitted to the Collector on account for current year						
Section C - INCOMETAX ONLY						
Apart from the cases in Section A , have you at any time duri  (a) Employed any person at a rate exceeding the w eekly or r  (b) Employed any person part-time or casually (w ho had othe w hose earnings with you exceeded the threshold of that (c) Was any remuneration paid "free of tax", that is, did you u of any employee?  If the answer to (a) or (b) above is yes, please comple Return Form (P38) and submit along with this Return.  Section D - DECLARATION  I declare that the particulars given in this Return are in accorrequirements of the Income Tax (Employment) Regulations are of emoluments, including overtime pay, bonus, taxable allows commissions, etc. paid to each of my taxable employees and deducted have been fully and correctly stated in this return to know ledge and belief. This Declaration is made with the full understanding that any false statement made herein by me we to penalties and/or criminal proceedings.  Company Stamp	monthly threshold amounter employment during the year? Indertake to bear any parties a Supplementary  dance with the not that the total amount ance, fees, I all income tax to the best of my know ledge and	e sam	the tax lia	ability  ROFF  Cards Rece (b)	not submit	ance Card is/is itted ance Card is/is
Date						

## **INSTRUCTIONS**

You are required to make a return of the pay and tax deduction of every employee for whom you have received or prepared a Tax Deduction Card for the relevant year ended 31st December.

Please print and tick appropriate box, where required. Do NOT use a pencil. Use blue or black ink pen only.

This Return is to be submitted to the Collector of Taxes after the 31st December but not later than the 14th January of the following year accompanied by:

- Schedule 5
- Schedule 6 (if applicable)
- Completed Tax Deduction Cards

## Schedule 5

- ★ Enter in column (1) the TRN and name of every employee in w hose case you deducted or refunded tax, w hether or not he w as still in your employment during the relevant year.
- \* Enter in column (2) the gross pay paid by you to each employee in the relevant year. The pay returned must include all salaries, wages, fees, commissions, bonus, overtime, holiday pay or other payments made to such employees during the period.
- \* Enter in column (7) the net tax so deducted (that is, the total tax deducted by you less the amount of any refunds made by you). Do not include in column (7) any tax in respect of previous employment.
- \* If you have refunded to an employee more tax than you have deducted from him, do not make any entry in column (7), but enter in column (8) the net amount refunded by you.

## Schedule 6

- \* Enter in column (10) the annual rent paid for any quarters or board or residence provided to any employee by reason of the holding of any office or employment of profit. Where the premises are owned by the employer enter the annual commercial rent which the premises would fetch if let on the open market.
- \* Enter in column (11) the annual value of accommodation provided to any employee. This amount will be a figure not exceeding 15% of the total emoluments or the amount otherwise agreed with the Commissioner General excluding the Housing.
- \* Enter in column (15) value of any other perquisites or benefits in kind, for example, use of motor vehicle.
- \* Add columns (12) and (16) and enter the total at Lines (b) and (c), respectively, of Schedule 5.

Where the particulars on a Tax Deduction Card have been transferred to another Tax Deduction Card, (for example, on a change from weekly to monthly-payment), the first card should not be listed overleaf.

If an employer finds it unduly onerous to list all the names, he may arrange with Tax Administration Jamaica to supply a machine list of the tax deductions. Use continuation sheets if necessary.

After completing the list, complete Sections A, B, C and D overleaf.