



F01 Income Companies - Annual Declaration.

Tax Centre:

Document No. :

Due date:

Tax Account No.: Tax Period: Assessment Period date:

For Official use Payment Date:

Amount	DUE	PAID
Tax		
Penalty		
Interest		
Total		

Revenue Officer for Commissioner

PART 1 - TAXPAYER AND TAX IDENTIFICATION

Tax Account No.:	Document No. :	Filing number:	Tax Period:
Assessment Period date:		Date Issued :	Due Date:

PART 2 - TAX DECLARATION AND CALCULATION

I declare that this is a Return of the income and profits of the Company from every source whatsoever chargeable under the Income Tax Act Cap 212 and the schedules and statements included in this Return are true and correct.

Effective 1st January, 2019, A person who fails to pay Corporate Income Tax (CIT) that is due for a tax period, by the due date, is liable to a late payment penalty of 10% of the amount of CIT due but not paid and interest will be charged at a rate of 1% per month or part thereof for the period during which it remains unpaid.

A person who fails to file a CIT annual return by the due date, is liable to the greater of a late filing penalty of \$500.00 or 5 percent of the amount of the tax owing.

(1)	Chargeable Income (Loss) (Sch.A or A2 for Insurance Co.)	(1)	_____
(2)	Sales / Revenue	(2)	_____
(3)	Cost of Sales / Cost of Goods Sold	(3)	_____
(4)	Inventory at the end of the assessment period	(4)	_____
(5)	Losses to be utilized from Prior Years (Max 50% of Line 1)(Sch. D)	(5)	_____
(6)	Current Assets at the end of the assessment period	(6)	_____
(7)	Total Assets at the end of the assessment period	(7)	_____
(8)	Current Liabilities at the end of the assessment period	(8)	_____
(9)	Total Liabilities at the end of the assessment period	(9)	_____
(10)	Net chargeable Income (Loss) (line 1 minus line 5)	(10)	_____
(15)	Applicable Tax Rate on Net Chargeable Income (Sec.32 of ITA)	(15)	_____
(20)	Tax Amount on Net Chargeable Income (line 10 times line 15)(if Loss 0)	(20)	_____
(25)	Double Taxation Relief(Sec. 41-43 of the ITA) Please Specify	(25)	_____
(30)	Credit brought forward from previous period(s)	(30)	_____
(35)	Advance Tax Paid for this assessment Period	(35)	_____
(40)	Installments Paid for this assessment Period	(40)	_____
(45)	Tax to Pay(L20-L25-L30-L35-L40) or (Credit to carry forward)	(45)	_____
(55)	Late Filing Penalty (greater of \$500 or 5% of L45)	(55)	_____
(60)	Total amount payable (L45 + L55) (If negative put zero)	(60)	_____
(65)	Amount Paid on Filing	(65)	_____
(70)	Balance Due (L60-L65) or (Credit to carry forward)	(70)	_____

I certify that the information provided on this return and any documents attached are correct, complete and fully discloses all income of the related tax to the best of my knowledge. It is a serious offence to submit a false return.

Name: _____ Signature: _____ Date: _____
(Please Print Name)

Title: _____ Address: _____ Phone: _____
(If form is completed by someone other than taxpayer)