

**SAINT CHRISTOPHER AND NEVIS
INLAND REVENUE DEPARTMENT**

ANNUAL RETURN FOR COMPANIES, PARTNERSHIPS TRUSTS OR ESTATES OF DECEASED PERSONS

This Return must be signed by the person or agent authorised to sign.

If this the first year for filing, attach a copy of incorporation documents. INCORPORATION DOCUMENTS INCLUDED: (Y) (N)

TAX ACCT. NUMBER: _____ YEAR OF ASSESSMENT: _____ YEAR OF INCOME: _____ AMENDED RETURN (Y) (N)

REGISTERED NAME OF ENTERPRISE: _____

TRADE NAME OF ENTERPRISE : _____

BUSINESS ADDRESS : _____

MAILING ADDRESS : _____

PHONE : _____ FAX: _____

TYPE OF ENTERPRISE: COMPANY _____ PARTNERSHIP _____ TRUST _____ ESTATE OF DECEASED _____

BUSINESS ACTIVITY : _____

ACCOUNTING PERIOD: D _____ M _____ Y _____ TO: D _____ M _____ Y _____

PLACE OF REGISTRATION : _____ DATE REGISTRATION: D _____ M _____ Y _____

BRANCH OF NON-RESIDENT COMPANY: YES _____ NO _____ COMPANY NAME: _____

OPERATIONS START: D _____ M _____ Y _____ END: D _____ M _____ Y _____

OPERATIONS RESTART: D _____ M _____ Y _____

REASON FOR INACTIVITY : _____

: _____

STATEMENT OF TAX DUE AND PAID

ASSESSABLE INCOME. (SCHEDULE A) 100 _____

LESS CAPITAL ALLOWANCE. (SCHEDULE C) 101 _____

LOSSES FROM PRIOR YEARS. (SCHEDULE E) 102 _____

TOTAL DEDUCTION. (LINE 101 + LINE 102) 110 _____ 110 _____

CHARGEABLE INCOME. (LINE 100 - LINE 110) 120 _____

TAX AT _____ % 130 _____

WITHHOLDING TAX. (SCHEDULE G) 131 _____

TAX PAYABLE. 150 _____

LESS DOUBLE TAXATION RELIEF. 201 _____

INSTALLMENTS PAID IN _____ (YEAR) 202 _____

CREDIT FROM PREVIOUS YEARS ASSESSMENT. 203 _____

TOTAL CREDITS AND PREPAYMENTS. (LINE 201 + 202 + 203) 210 _____ 210 _____

TAX TO PAY. (LINE 150 - LINE 210) 300 _____

LATE FILING PENALTY. 301 _____

TOTAL TAX PAYABLE. (LINE 300 + LINE 301) 310 _____

REPAYABLE. 321 _____

AMOUNT ENCLOSED. 322 _____

BALANCE DUE. 323 _____

BANK NAME: _____

CHEQUE NO.: _____ CASH : _____

SCHEDULE C: CAPITAL ALLOWANCE

\$ C

CAPITAL ALLOWANCE BROUGHT FORWARD	_____ . _____
CAPITAL ALLOWANCE CALCULATED (SCHEDULE B)	_____ . _____
ADD:	
BALANCING ALLOWANCE (SCHEDULE D)	_____ . _____
LESS:	
CAPITAL ALLOWANCE UTILIZED	_____ . _____
(MAX UP TO 50% OF ASSESSABLE INCOME)	_____ . _____
CAPITAL ALLOWANCE CARRIED FORWARD	_____ . _____

SCHEDULE D: COMPUTATION OF BALANCING ALLOWANCES AND CHARGES

DESCRIPTION OF ASSETS	COST	DATE OF PURCHASE OR DISPOSAL	WRITTEN DOWN VALUE AT DATE OF DISPOSAL	TOTAL ALLOWANCES GRANTED	PROCEEDS OF SALE OR TRADE-IN	BALANCING CHARGE GAIN	BALANCING ALLOWANCE/ (LOSS)
TOTAL							

ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE REQUIRED

SCHEDULE E: LOSS FROM PRIOR YEARS

YEAR OF ASSESSMENT	LOSSES BROUGHT FORWARD	LOSS FOR YEAR	LOSSES WRITTEN OFF	EXPIRED LOSSES	LOSSES CARRIED FORWARD
TOTAL					

ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE REQUIRED

SCHEDULE F: LOSSES

S C

LOSSES BROUGHT FORWARD	_____	_____
LESS:		
LOSSES WRITTEN OFF	_____	_____
(5 YEAR STATUARY LIMIT)		
LOSSES UTILIZED	_____	_____
(MAX UP TO 50% OF ASSESSABLE		
INCOME AFTER CAPITAL ALLOWANCE)		
LOSSES CARRIED FORWARD	_____	_____

SCHEDULE G: WITHHOLDING TAX / REMITTANCES MADE OVERSEAS

TYPE OF REMITTANCE	PAID TO	AMOUNT PAID	10 PERCENT TAX
TOTAL			

ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE REQUIRED

Declaration and Certificate

I declare that in this return and in any statement or accounts attached hereto I have given a full, true and correct return and given particulars of the whole of the income from every source whatsoever assessable under the Income Tax Ordinance 1966 to the best of my knowledge and belief.

Signature:.....

Date:.....

Return Made:

Address:.....

On my own behalf

As officer of a corporate Body namely:

As Attorney, Agent, Trustee, Manager, for:

As Trustee, Executor, Administrator, for:

Strike off any portion not applicable