



Return for SALARY and WAGE EARNERS

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Revenue Collection Division

For the Year Ended :

<p>T.I.N.: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Residential Address : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Postal Address (if different from above) : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>If you want your money deposited in a bank account, please complete the details to the right.. <i>The nominated bank account must belong to you.</i></p>	<p>F.N.P.F. No.: <input type="text"/></p> <p>Date of Birth: <input type="text"/></p> <p>Father's Name: <input type="text"/></p> <p>Sex: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Home & Work Phone No.: <input type="text"/> & <input type="text"/></p> <p>Mobile: <input type="text"/></p> <p>Email Address: <input type="text"/></p> <p>Name of Spouse: <input type="text"/></p> <p>Spouse's T.I.N.: <input type="text"/></p> <p>Date marriage registered: <input type="text"/></p> <p>Spouse employed during this period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Passport No.: <input type="text"/></p> <p>Bank Name: <input type="text"/></p> <p>Bank Branch: <input type="text"/></p> <p>Account No. : <input type="text"/></p>
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RESIDENTIAL STATUS (Tick one box only)

Resident :	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Resident:	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4

NON-RESIDENT ONLY

Permit No.:

Date of Arrival in Fiji:

Expected Date of Departure:

Actual Date of Departure:

FEMALE RESIDENT (Tick one box only as appropriate)

Unmarried OR legally separated without a dependent child :	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0
Husband working & lodging a separate return :	<input type="checkbox"/>	<input checked="" type="checkbox"/> 2
Widow : Date of Death: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3
Married with a dependent husband :	<input type="checkbox"/>	<input checked="" type="checkbox"/> 5
Legally separated with dependent child / children :	<input type="checkbox"/>	<input checked="" type="checkbox"/> 8

MALE RESIDENT (Tick one box only as appropriate)

Unmarried OR legally separated without a dependent child OR wife lodges a separate return :	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0
Married with a dependent wife :	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1
Widower : Date of Death: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3
Combined return of husband and wife :	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7
Legally separated with dependent child / children :	<input type="checkbox"/>	<input checked="" type="checkbox"/> 8

<p>OFFICE USE ONLY</p> <p style="text-align: center;">Stamp Here</p>	<p>DATA ENTRY : <input type="text"/></p> <p>ASSESSOR : <input type="text"/></p> <p>CHECKER : <input type="text"/></p> <p>BATCH NO. : <input type="text"/></p> <p>RETURN NO. : <input type="text"/></p>
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2 TOTAL INCOME DERIVED DURING THE YEAR

1 INCOME FROM EMPLOYMENT

Name of Employer	T.I.N.	Tax Deducted	Salary or Wages
		\$ c	\$ c

Pension Income

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Wife's Income (if less than \$1,200)		
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Total Tax Deducted:

Total Salary or Wages (C/F to line 7):

2 Total Value of Benefits

<input type="text"/>

3 DIRECTOR'S/MANAGEMENT FEES RECEIVED

Name of Company or Organisation	T.I.N.	Tax Deducted	Director's/ Management Fees
		\$ c	\$ c

Total Tax Deducted:

Total Fees (C/F to line 7):

Continue on separate sheet if necessary

4 INTEREST INCOME

Name of Financial Institution	Tax Deducted	Gross Interest
	\$ c	\$ c

Total Tax Deducted:

Total Interest Income (C/F to line 7):

Continue on separate sheet if necessary

DEDUCTIONS, EXEMPTION and ALLOWANCES CLAIMABLE FOR INCOME TAX PURPOSES (continued)

17

ELDERLY DEPENDANT ALLOWANCE

Name of elderly dependant	Relationship	Date of Birth	Separate Income of Elderly dependant	\$	c
Total Elderly Dependant Allowance:					

18

F.N.P.F., LIFE INSURANCE, SUPERANNUATION
(Maximum claim should not exceed \$1500 (or \$3000 – joint return))

F.N.P.F. Contribution					\$	c
Name of Company	Name of Insured	Date of Policy	Term of Policy	Capital sum Assured	\$	c
Total F.N.P.F. and Insurance :						

Continue on separate sheet if necessary

19 TOTAL DEDUCTIONS, EXEMPTION and ALLOWANCES	
20 CHARGEABLE INCOME	

DECLARATION AND AUTHORITY OF TAXPAYER

I, declare that this tax return is true and complete.

I agree I do not agree to transfer part or whole of my credit to offset my spouse's liability.
(Tick the appropriate box)

Signature: Date:

DECLARATION BY TAX AGENT

I,

declare that this tax return has been prepared in accordance with information supplied by the taxpayer.

Tax Agent's No.: Signature: Date:

NOTE : All attachments to this return must be signed by the person authorised to make the return.
IT IS A SERIOUS OFFENCE TO MAKE A FALSE INCOME TAX RETURN

TAXPAYER'S COMPUTATION OF ADDITIONAL TAX PAYABLE OR REFUND DUE – (OPTIONAL)

TOTAL INCOME (from Line 7)	\$
Less: TOTAL DEDUCTION, EXEMPTION AND ALLOWANCES (from Line 18)	
CHARGEABLE INCOME SUBJECT TO NORMAL TAX	\$
NORMAL TAX	\$
Less: TAX DEDUCTED AT SOURCE	\$
REFUND	\$
TAX STILL PAYABLE	\$