



# COMPANY INCOME TAX RETURN

# C

Revenue Collection Division

Derived during the year ended 31st December

or the substituted year ended

## COMPANY

TAX IDENTIFICATION NUMBER (T.I.N.):

Name of Company :  
Postal Address :

Nature of Company's Business :

Nature of Company's Structure :  
(Tick the appropriate box)

Public   
Private

Resident  0  
Non-resident  1

Tick if it is a resident mutual or non-mutual insurance company ?

 2

Is the Company engaged in FAVP:

Yes  No

If yes please complete the supplementary form IRS 204A.

Is the Company a non-resident company claiming Film Tax Rebate:

Yes  No

If yes please complete the supplementary Tax Rebate form IRS 222.

## REGISTERED OFFICE

Exact Location :

Postal Address :

## AUTHORISED OFFICER

Name :

Postal Address :

Telephone No. :

Email Address:

If you would like your refund to be deposited in your bank account please complete the details below

**NOTE: The bank account nominated must belong to the Company**

Bank Name :

Bank Branch :

Account No. :

## OFFICE USE ONLY

Stamp Here

DATA ENTRY :

ASSESSOR :

CHECKER :

BATCH NO. :

RETURN NO. :

FSIC :





**4 INFORMATION REQUIRED... continued**

Office use Only

<b>82</b>	Total Liabilities			
<b>83</b>	<b>ICT Incentives</b>	<b>Current Year</b>	<b>Previous Year</b>	
	No. of Employees			
	Total Sales			

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**84 DETAILS OF DIRECTOR'S/MANAGEMENT FEES PAID**

Name of Director	T.I.N. of Director	Tax Deducted		Director's/Mgt Fees	
		\$	c	\$	c
Total Tax Deducted:					
Total Fees:				\$	


Continue on a separate sheet if necessary

**85 DETAILS OF DIVIDENDS PAID (Private Companies Only)**

Name of Recipient	T.I.N. of Recipient	Tax Deducted		Gross Dividends	
		\$	c	\$	c
Total Tax Deducted:					
Total Dividends:				\$	


Continue on a separate sheet if necessary

**5 INTEREST INCOME**

Name of Financial Institution	Tax Deducted		Gross Interest	
	\$	c	\$	c
Total Tax Deducted:				
Total Interest Income:				\$


Continue on a separate sheet if necessary

**87 OVERSEAS INCOME**

Office use  
Only

Name of Company	W/Tax Deducted		Gross Income	
	\$	c	\$	c
Total W/Tax Deducted		\$		
Total Gross Income:			\$	


**88 DETAILS OF CONTRACTUAL PAYMENTS RECEIVED**

Name of Contractor	T.I.N. of Contractor	Tax Deducted		Gross Payment	
		\$	c	\$	c
Total Tax Deducted:					
Total Payments					

NOTE: Continue on a separate sheet if necessary


**89 SHARE OF JOINT VENTURE/TRUST/PARTNERSHIP INCOME RECEIVED**

Name of Joint Venture/Trust/Partnership	T.I.N.	Income	
		\$	c
Total Income:			

NOTE: Continue on a separate sheet if necessary


**90 DETAILS OF DIRECTOR'S/MANAGEMENT FEES RECEIVED**

Name of Paying Company	T.I.N.	Tax Deducted		Gross Payment	
		\$	c	\$	c
Total Tax Deducted:					
Total Payments					


DECLARATION BY AUTHORISED OFFICER

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

Signature:

Date:

DECLARATION BY TAX AGENT

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

Signature:

Date:

Tax Agent's No.:

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**