



# 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.):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of Company :  
Postal Address :

<input type="text"/>
<input type="text"/>

Nature of Company's Business :

<input type="text"/>
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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 ?

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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 IRS 222.

## REGISTERED OFFICE

Exact Location :

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postal Address :

<input type="text"/>
<input type="text"/>
<input type="text"/>

## AUTHORISED OFFICER

Name :

<input type="text"/>
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Postal Address :

<input type="text"/>
<input type="text"/>
<input type="text"/>

Telephone No. :

<input type="text"/>
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Email Address:

<input type="text"/>
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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 :

<input type="text"/>
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Bank Branch :

<input type="text"/>
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Account No. :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## OFFICE USE ONLY

Stamp Here

DATA ENTRY :

<input type="text"/>
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ASSESSOR :

<input type="text"/>
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CHECKER :

<input type="text"/>
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BATCH NO. :

<input type="text"/>
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RETURN NO. :

<input type="text"/>
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FSIC :

<input type="text"/>
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1	NET PROFIT as shown in Profit and Loss Account				
<b>Add: Items not allowable as deductions (attach details)</b>					
2	Depreciation charged in Accounts				
3	Capital Expenditure				
4	Income Taxes				
5	Donations and Subscriptions				
6	Legal Expenses				
7	Additions to Provisions and Reserves				
8	Fines and Penalties				
9	Amortization on Intangible Assets				
10	Unrealized Exchange Loss				
11	Impairment Loss				
12	Fair Value Losses on Assets and Liabilities				
13	Additions to Provisions and Reserves				
14	Losses on disposal of Assets for accounting purposes				
15	Preliminary Expenses				
16	Gain on Disposal of fixed assets for Tax purposes				
17	Audio Visual production Income (6 <sup>th</sup> Schedule)				
18	Other Items				
<b>Less: Deductions/Concessions</b>		<b>Sub Total</b>			
19	Net Exempt Income (being gross income less expenses incurred)				
20	Dividend Deduction				
21	Depreciation allowable				
22	Decrease in provisions				
23	Amortization of Deferred Grant Revenue				
24	Unrealized Exchange gains				
25	Reversal of Impairment loss				
26	Share of gain from Investment in Associates				
27	Losses on disposal of Assets for Tax purposes				
28	Cash Donations to Approved Organisations/Charities				
29	Donation to Sports fund				
30	Donation to Fiji Police Force (Maximum \$50,000)				
31	Donation to Fiji Heritage Foundation				
32	Donation to Flood Appeal				
33	Hotels Aid Investment Allowance				
34	Hotels Aid Investment Allowance (Half SLIP)				
35	Hotels Aid Investment Allowance(Full SLIP)				
36	Accelerated Depreciation Allowance				
37	Income Tax Concession (3rd Schedule)				
38	ICT Incentives				
39	ICT Development – 150% Deductions				
40	Film Making & Audio Visual Production – exempt income (6th Schedule)				
41	F1 - Contribution to Audio Visual Production (150% of monies expended)				
42	F2 - Contribution to Audio Visual Production (125% of monies expended)				



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**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


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**86 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 MANAGEMENT FEES RECEIVED**

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


**91 DIRECTOR'S FEES PAID**

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


**5****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.:

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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**