



RETURN BY SHIPPING AGENT FOR NON-RESIDENT SHIPPING COMPANIES

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Revenue Collection Division

Derived during the year ended 31st December

or the substituted year ended

SHIPPING AGENT DETAILS

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

Name:

Postal Address :

REGISTERED OFFICE OF AGENT

Exact Location :

Postal Address:
(if different from above)

AUTHORISED OFFICER OF AGENT

Name :

Postal Address:
(if different from above)

Email Address:

Telephone No. :

Fax No. :

OFFICE USE ONLY

Stamp Here

DATA ENTRY :

ASSESSOR :

CHECKER :

FSIC :

BATCH NO. :

RETURN NO. :

COMPUTATION OF CHARGEABLE INCOME

| | | |
|-----------------------|----|--|
| Gross Payments: | \$ | |
| 2% Tax thereon: | \$ | |
| Withholding Tax Paid: | \$ | |
| Balance of Tax Owing: | \$ | |

Office Use Only

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DECLARATION BY AGENT

I,

being the authorised officer of the Shipping Agent hereby declare that all particulars shown in this return and the schedule on the next page, are complete in every detail.

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