

(Form Prescribed under Section 80 Cap 312)
PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM
It is a serious offence to make a false return

NAME AND ADDRESS	1.	NAME: Mr./Mrs./Miss (in block letters)							
	2.	Employment or Business Address						Telephone No.	
	3.	Residential Address						Telephone No.	
	3 (a)	Postal Address							
4.	Your File No.						8.	MARITAL STATUS (Tick Appropriate Box)	
5.	Your Filing Status <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Resident and Ordinary Resident							<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
6.	Is this your first Income Tax Return? Yes No <input type="checkbox"/> <input type="checkbox"/> If yes, state reason						9.	IF MARRIED Date of Marriage <hr/> Are you Living Together <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Is Spouse wholly Maintained by you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Spouse's Full Name (If female also state name prior to marriage)						10.	Spouse's File No. <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	
TAX COMPUTATION TO BE COMPLETED BY TAXPAYER								OFFICIAL USE ONLY	
11.	Employment Income (Annexure A)							11	
12.	Business or Professional Income (Annexure B)							12	
13.	Other Income (Annexure C)							13	
14.	Total Income (sums of Lines 11, 12 & 13)							14	
15.	Assessed Loss Relief for Previous Years							15	
16.	TOTAL ASSESSABLE INCOME Line 14 minus 15							16	
DEDUCTIONS	17.	Earned Income Allowance \$500 subject to 1/10 of earned income						17	
	18.	Personal Allowance \$1,200						18	
	19.	Spouse Allowance \$700.						19	
	20.	Maintenance/Alimony Paid						20	
	21.	Child Allowance \$400. each						21	
	22.	Education Expenses Overseas \$1,500 each						22	
	23.	Housekeeper \$200.						23	
	24.	Dependent relatives \$200. each						24	
	25.	Life Insurance — Approved Pension Fund — NIS						25	
	26.	Medical Expenses — as per Certificates attached						26	
	27.	Mortgage Interest — Owner Occupied House						27	
	28.	Covenanted Donation or Gifts for Approved Purposes						28	
	29.	Credit Union Savings (Maximum \$600.)						29	
30.	Standard Deductions \$ 20 000. in lieu of itemised deduction						30		
31.	Total Eligible Deductions — Lines 17 to 29							31	
32.	Chargeable Income — Line 16 minus 31							32	
33.	Tax on Chargeable Income — see Tax Rates							33	
34.	Dividend Tax Credit (Not exceeding amount on line 33)							34	
35.	Tax on Chargeable Income Less Credits (Line 33 minus Line 34)							35	
36.	P.A.Y.E. Deductions as per T.D.5 attached							36	
37.	Tax Paid By Installments / Prepayments							37	
38.	Total Tax Payments (Sum Lines 36 and 37)							38	
39.	Tax Payable On Self Assessment (Line 35 minus Line 38)							39	
40.	Net Tax Payable							40	
41.	Tax Refundable (If tax paid is more than tax payable)							41	

GENERAL DECLARATION — I declare that in all statements contained herein and in any statement of accounts sent herewith I have given a true Return and particulars of the whole income from every source whatsoever required to be returned under the provision of the Income Tax Act 1979.

Signature of person preparing return if
other than Taxpayer

.....
Date

*Signature of Taxpayer, Agent,
Trustee etc.*

SPOUSE ALLOWANCE

SCHEDULE 1

NAME OF SPOUSE	ADDRESS	Amount of Income of Spouse

ALIMONY AND MAINTENANCE:

SCHEDULE 2

Name and Address of Spouse Divorced or Separated	Deed of Separation Court Order or Decree			Amount Actually Paid	Amount Claimed Enter below and on line 20 page 1
	Date	Registered Number	Country Origin	\$	\$

CHILD ALLOWANCE:

SCHEDULE 3

Full Name of Child	Date of Birth			Educational Institutions Attended or Nature of Invalidity	Income of Child	Amount Claimed
	D	M	Y			
					\$	\$

TOTAL CARRIED TO LINE 21, PAGE 1

DEDUCTION FOR CHILD EDUCATION EXPENSES OVERSEAS:

SCHEDULE 4

Name of Child	Date of Birth			Name and Address of Educational Institution	Amount Claimed
	D	M	Y		
					\$

TOTAL CARRIED TO LINE 22, PAGE 1

HOUSEKEEPER ALLOWANCE: (See instruction No. 23)

SCHEDULE 5

Full Name of Housekeeper	Is Housekeeper, residing with Claimant?	Is Housekeeper Married Single, Widower, Separated or Divorced?	Age	Amount Claimed Enter below on line 23, Page 1

DEPENDANT RELATIVE ALLOWANCE:

SCHEDULE 6

Name of Dependent Relative	Relationship to Claimant	Nature of Incapacity	Income of Relative	Contribution by other Persons	Age	Amount Claimed
			\$	\$		\$

TOTAL CARRIED TO LINE 24, PAGE 1

LIFE INSURANCE RELIEF: (See instructions No. 25)

SCHEDULE 7 (1)

Insurance Company	Life Assured	Date Contracted	Maturity Date	Premium Paid	Amount Claimed
				\$	\$

APPROVED PENSION FUND & NATIONAL INSURANCE SCHEME CONTRIBUTION:
SCHEDULE 7 (ii)

Fund to which contribution is made	Amount of Your Contribution	Amount Claimed
	\$	\$

TOTAL OF SCHEDULE 7 (i) AND 7 (ii) CARRIED TO LINE 25, PAGE 1
SUBJECT TO LIMIT OF 1/6 OF ASSESSABLE INCOME OR \$3,600. WHICHEVER IS LESSER

MEDICAL EXPENSES: (See Instruction No. 26)

For Self, Spouse and Child

SCHEDULE 8

Surname and Christian name of person hospitalised	Period Spent in Hospital	Medicine Cost	Medical Fees	Charges for Hospital Accommodation	Amount Claimed
				\$	\$

MORTGAGE INTEREST OWNER — OCCUPIED HOUSE: (See Instruction No. 27)

Limited to lower of Actual Amount paid or \$10,000.

SCHEDULE 9

Lender's Name and Address	Amount of Loan and Interest rate	Interest Paid	Amount Claimed
		\$	\$

TOTAL CARRIED TO LINE 27, PAGE 1

COVENANTED DONATIONS OR GIFTS TO APPROVED BODIES: (See Instruction No. 28)

SCHEDULE 10

Name of Fund	Amount of your Contribution	Amount Claimed
	\$	\$

TOTAL CARRIED TO LINE 28, PAGE 1: SUBJECT TO LIMIT OF 5% OF ASSESSABLE INCOME

CREDIT UNION SAVINGS (See Instruction No. 29)

SCHEDULE 11

Name of Credit Union	Date of Membership	Amount Saved	Amount Claimed

COMPUTATION OF EMPLOYMENT INCOME

NAME OF EMPLOYER		
1.	Empolymnt Income Received in Cash	
	(a) Salary, wages, loan pay, fee (including a director's fee). commission, gratuity, bonus, tips, etc.	
	(b) Other Cash Allowances/payments such as Travelling, Entertainment or other Allowances	
2.	Value of Benefits	
	(a) Free or concessional accommodation	
	(b) Other free or Concessional benefits	
	Total of items 1 and 2	
3.	Deductions Allowable Against Gross Income	
Employment Income carried on page 1, line 11		

COMPUTATION OF OTHER INCOME

1.	RENTAL INCOME			
	Address of Property	Gross Rent	Expense	Net Amount
2.	Interest, Alimony, Maintenance, Annuities and other periodic receipts			
	Name and address of Payer	Nature of Income	Gross Amount	Amount Remitted
Total of items 1 and 2 carried on page 1 line 13				

BUSINESS OR PROFESSIONAL INCOME

ANNEXURE B

	Nature of Income	Gross Amount	Expenses	Net-Amount
Total to be carried on page 1 line 12				

Particulars required when rent paid

Address of Property	Name and Address of Owner	Monthly/Weekly Rent	Annual Rent

TAX RATES

The following tax rates provided in the Fifth Schedule should be taken into account, while calculating the tax for line 32:

- | | | |
|-------|---|---|
| (i) | Where chargeable income does not exceed \$5,000 | 10% |
| (ii) | Where chargeable income exceeds \$5,000 does not exceed \$10,000 | \$500 plus 20% of the amount by which income exceeds \$5,000 |
| (iii) | Where chargeable income exceeds \$10,000 does not exceed \$30,000 | \$1,500 plus 30% of the amount by which income exceeds \$10,000 |
| (iv) | Where chargeable income exceeds \$30,000 | \$7,500 plus 40% of the amount by which income exceeds \$30,000 |