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Inland Revenue Department

Authorized and approved version

SAINT VINCENT AND THE GRENADINES INDIVIDUAL INCOME TAX RETURN FOR TAX PERIOD _____

(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

a m e	1	1 NAME: Mr./Mrs./Miss. (BLOCK LETTERS)								
&	2 Employment or Business Address							Telephone No:		
A d	³ Residential Address:						Telephone No:			
d r		Postal Address								
e s s		Email Address								
-							_			
4	Natio	onal Identification No.		N	larital Status					
6	Social Security (N.I.S.) No.					5	Single		Widowed	
		Your Filing Status					Married		Divorced	
7	Resi	dent	Non-Resident	Resident and Ordin Resident	ary		Separated			
			•				IF MARRIED			
	ls thi	is your first Income Tax Retur	rn?	Yes	No	9	date of marriage			
8	lf yes	s, state reason		Are you living together	Yes	No				
					wholly Maintained by					
		DI /	ACE RETURN LABEL HE			you? Spouse's Full	Yes	No		
		1 2/					Name (If			
							female, state maiden name			
			10	also						
	TAX COMPUTATION TO BE COMPLETED BY TAXPAYER						OFFICIAL USE ONLY			
11	Employment Income (as computed on back page)					11				
12	Business or Professional Income (Annexure B)					12				
	Income from source other than trade (as computed on back page						13			
	Total Income (sum of 11 & 13)						14			
15	Assessed Loss Relief for Pervious Years						15			
16	TOTAL INCOME (sum of 11 & 13)						16			
D	17 Earned Income Allowance \$ 500 subject to 1/10 of earned income					17				
Е	18 Personal Allowance \$ 1200				18					
D	19 Spouse Allowance \$ 700				19					
U	20 Maintenance / Alimony Paid				20					
С	21 Child Allowance \$ 400 each				21					
Т	22 Education Expenses Overseas \$ 1500 each				22					
Ι	23 Housekeeper \$ 200				23					
0	24	24 Dependent relatives \$ 200 each				24				
Ν	25 Life Insurance - Approved Pension Fund - NIS				25					
S		6 Medical Expenses - Owner occupied House					26			
	27	Mortgage Interest - Owner o	occupied House				27			
		Covenanted Donation or Gif					28			
	29	Credit Union Savings (Maxir	mum \$ 600)				29			
	30	Standard Deductions \$ 20	,000 in lieu of itemised de	eduction		20,000.00	30			

31	Total Eigible Deductions - Lines 17 to 29	31	
32	Chargeable Income - Line 16 minus 30	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 Instalments / Perpayments	37	
38	Total Tax Payments (sum Lines 36 and 37)	38	
39	Tax Payable on self Assessment (line 33 minus 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