



Antigua - Inland Revenue Department

TAXPAYER'S RECEIPT

Tax Centre: ST. JOHNS

Document No. :

Due date:

F01 Income Companies - Annual Declaration.

Tax Account No.:	Tax Period:	Assessment Period date: To	For Official use	Payment Date:	
			Amount	DUE	PAID
			Tax		
			Penalty		
			Interest		
			Total		
			Revenue Officer for Commissioner		

PART 1 - TAXPAYER AND TAX IDENTIFICATION

Tax Account No.:	Document No. :	Filing number:	Tax Period:
Assessment Period date: To		Date Issued :	Due Date:

PART 2 - TAX DECLARATION AND CALCULATION

I declare that this is a Return of the income and Profits of the Company from every source whatsoever chargeable under The Income Tax Act, CAP 212 and that the schedules and Statements included in this Return are true and correct.

(1)	Chargeable Income (Loss) (Sch.A or A2 for Insurance Co.)	(1)	_____
(5)	Losses to be utilized from Prior Years (Max 50% of Line 1)(Sch. D)	(5)	_____
(10)	Net chargeable Income (Loss) (line 1 minus line 5)	(10)	_____
(15)	Applicable Tax Rate on Net Chargeable Income (Sec.32 of ITA)	(15)	_____
(20)	Tax Amount on Net Chargeable Income (line 10 times line 15)(if Loss 0)	(20)	_____
(25)	Double Taxation Relief(Sec. 41-43 of the ITA) Please Specify	(25)	_____
(30)	Credit brought forward from previous period(s)	(30)	_____
(35)	Advance Tax Paid during the Period	(35)	_____
(40)	Installments Paid during the Period	(40)	_____
(45)	Tax to Pay(L20-L25-L30-L35-L40) or (Credit to carry forward)	(45)	_____
(50)	Amount of Withholding Tax (Sch. B)	(50)	_____
(55)	Late Filing Penalty (greater of \$500 or 5% of L45)	(55)	_____
(60)	Total amount payable (L45 + L50 + L55) (If negative put zero)	(60)	_____
(65)	Amount Paid on Filing	(65)	_____
(70)	Balance Due (L60-L65) or (Credit to carry forward)	(70)	_____

I certify that the information provided on this return and any documents attached are correct, complete and fully discloses all income of the related tax to the best of my knowledge. **It is a serious offence to submit a false return.**

Name: _____ Signature: _____ Date: _____
(Please Print Name)

Title: _____ Address: _____ Phone: _____
(If form is completed by someone other than taxpayer)