INDIVIDUAL BUSINESS RETURN OF INCOME

IR21

| for year ended 31st December | | Tax Identification Number (TIN) |
|---|---|--|
| This return is to be sent to the Inland Revenue Di no later than 31 March each year or within three of your balance date when your accounting perio a calendar year. If you have employment income | months d is a year other than | |
| PLEASE COMPLETE ALL PARTS OF THIS FORM | | |
| 1 Christian or First Names - PRINT | Surname or Family na Mr. Mrs. Miss | me - PRINT |
| • Full Postal Address | | |
| (PRINT) | | |
| | | |
| • Type of Business: | | |
| CERTIFICATES RELATING | TO THE PREPARATION AND EXAMINATI | ON OF ACCOUNTS |
| 2 | TO THE PREPARATION AND EXAMINATI | ON OF ACCOUNTS |
| Accounts are defined as a balance sheet account, receipts and payments accoun | | |
| | s then you need to sign the certificate bow does not need to be signed. You also | |
| -The nature of the books of a the extend of their verificati - Whether in their opinion the | e accounts present a true and fair view o d in the accounts. Reservations if any sh | accounts were prepared and f the gains or profits from the |
| If a person examined the books ir | a professional capacity a certificate is re counts and documents from which the a n of the accounts | |
| It is certified that the accounts accomaccounts, and documents which refle | | = |
| Signed | | |
| DECLAF | ATION | |
| 4 I, | of | |
| (name) declare that the particulars shown in all pa are true accurate and complete in every re | rts of this return, including the statemer spect and form a complete statement or | |
| NOTE: Before signing this return make sure that y certificates (see block 3 above) have been IT IS AN OFFENCE PUNISHABLE BY A FINE OR IMPF | ou have completed all parts of it and tha give and signed. | |

| Add back: Expenditure included in the accounts that is not expenditure wholly and exclusively incurred in the production of the income including expenditure incurred for any personal or domestic use. e.g. goods taken for private use, private motor vehicle running expenses, private use of business premises. GIVE DETAILS:- Add back: Licence fees claimed in Block 13 Other: (Give details) S Deduct: Expenditure not in the accounts that qualifies as a deduction. Examples are business losses from previous years and incentive deductions. GIVE DETAILS:- \$ BUSINESS PROFIT/LOSS FOR TAX PURPOSES * EMPLOYMENT and OTHER INCOME: * Your income from employment - (if NIL, state NIL) Details of Certificate Number Tax Deducted \$ \$ \$ Other income - (if NIL, state NIL) Give full details i.e. source, amount and description including income from pensions, | 5 | DECLARATION OF INCOME (full details must be shown) | | | |
|---|--|---|--------------|--|--|
| Add back: Expenditure included in the accounts that is not expenditure wholly and exclusively incurred in the production of the income including expenditure incurred for any personal or domestic use. e.g. goods taken for private use, private motor vehicle running expenses, private use of business premises. GIVE DETAILS:- Add back: Licence fees claimed in Block 13 Other: (Give details) S Deduct: Expenditure not in the accounts that qualifies as a deduction. Examples are business losses from previous years and incentive deductions. GIVE DETAILS:- S BUSINESS PROFIT/LOSS FOR TAX PURPOSES S **EMPLOYMENT and OTHER INCOME: **Your income from employment - (if NIL, state NIL) Details of Certificate Number Tax Deducted Number Tax Deducted S S S Other income - (if NIL, state NIL) Other income - (if NIL, state NIL) Other income - (if NIL, state NIL) Give full details i.e. source, amount and description including income from pensions, property, investments, and all other sources. | • BUSINESS INCOME: | (This must be supported by annual accounts) | | | |
| Expenditure included in the accounts that is not expenditure wholly and exclusively incurred in the production of the income including expenditure incurred for any personal or domestic use. e.g. goods taken for private use, private motor vehicle running expenses, private use of business premises. GIVE DETAILS: Add back: Licence fees claimed in Block 13 Other: (Give details) Deduct: Expenditure not in the accounts that qualifies as a deduction. Examples are business losses from previous years and incentive deductions. GIVE DETAILS: **BUSINESS PROFIT/LOSS FOR TAX PURPOSES **EMPLOYMENT and OTHER INCOME: **Your income from employment - (if NIL, state NIL) Details of Certificate Number Tax Deducted **Number Tax Deducted **S \$ **Other income - (if NIL, state NIL) Other income - (if NIL, state NIL) Give full details i.e. source, amount and description including income from pensions, property, investments, and all other sources. **S \$ **S \$ | Profit/ Loss shown in the supporting accounts:- | | | | |
| Other: (Give details) Deduct: Expenditure not in the accounts that qualifies as a deduction. Examples are business losses from previous years and incentive deductions. GIVE DETAILS:- BUSINESS PROFIT/LOSS FOR TAX PURPOSES • EMPLOYMENT and OTHER INCOME: • Your income from employment - (if NIL, state NIL) Details of Certificate Number Tax Deducted Number Tax Deducted S S S S S S S S S S S S S S S S S S S | in the production of the | income including expenditure incurred for any personal or domestic use. | | | |
| Deduct: Expenditure not in the accounts that qualifies as a deduction. Examples are business losses from previous years and incentive deductions. GIVE DETAILS:- \$ BUSINESS PROFIT/LOSS FOR TAX PURPOSES • EMPLOYMENT and OTHER INCOME: • Your income from employment - (if NIL, state NIL) Details of Certificate Number Tax Deducted \$ \$ \$ \$ • Other income - (if NIL, state NIL) Other income - (if NIL, state NIL) Give full details i.e. source, amount and description including income from pensions, property, investments, and all other sources. | | | ć | | |
| BUSINESS PROFIT/LOSS FOR TAX PURPOSES • EMPLOYMENT and OTHER INCOME: • Your income from employment - (if NIL, state NIL) Details of Certificate Number Tax Deducted S S S S • Other income - (if NIL, state NIL) Give full details i.e. source, amount and description including income from pensions, property, investments, and all other sources. | Expenditure not in the a | | \$ | | |
| Your income from employment - (if NIL, state NIL) Details of Certificate | BUSINESS PROFIT/LOSS | FOR TAX PURPOSES | \$\$ | | |
| Your income from employment - (if NIL, state NIL) Details of Certificate | EMPLOYMENT and O⁻ | THER INCOME: | | | |
| Give full details i.e. source, amount and description including income from pensions, property, investments, and all other sources. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Your income from em | <u>Details of Certificate</u> | \$\$ | | |
| \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Give full details i.e. sou | rce, amount and description including income from pensions, | \$ \$ | | |
| Sub-total \$ | | | \$\$ \$\$ | | |
| | Sub-total | | \$ | | |

| ļ | | | | |
|----------------------------|--|------------------------------------|-----------------------------------|--------|
| 6 <u>STATEM</u> I | ENT OF RENTS, ROYALTIE | S, LEASES, PREMIUMS and INTERE | ST PAID DURING THE YEAR | |
| | | | | |
| | | ded 31st December and not for th | e year ending on your balance dat | e |
| if this is other than th | e 31st December. | | | |
| | | | Nature of | Amount |
| Name of p | | | payment | paid |
| to whom payr | ment was made | Address | (Please specify) | \$ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 7 BUSINESS LICE | NCE EEES | | | |
| | | f , 1 10 " · · · | | |
| | | e tee to a local Council may claim | the fee as a prepayment of income | 9 |
| | ar to which it relates. Ebe attached to this form | to support your daim | | |
| | | | | |
| State here the | e amount of business licer | nce fees claimed: | 9 | ····· |
| 0 | | | | |
| 8 PROVISIONAL | <u>TAX</u> | | | |
| | | | | |
| | | x paid throughout the year | | |
| Date | Receipt Number | Amount | | |
| | | | | |
| | | | | |
| | | | 9 | 5 |
| | • | | | |
| 9 <u>WITHHOLDIN</u> | G TAX | | | |
| | | | | |
| Please provide | e details of WHT paid on | your behalf throughout the year | | |
| | | | | |
| Date | Payer | Amount | | |
| | | | | |
| | | | | |
| | | | · | |
| | | | , | |
| 10 | | | | |
| 10 OTHER NOTES | <u>.</u> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |