



Income Tax Act 1997
Trust Return

(for 2014 income years onwards)

Balance Date _____ Year 20____

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1. RMD Number

2. Name of Trust

3. Postal Address

4. Email Address

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5. Daytime Phone Number

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6. Address of registered office

7. Is this the Trust's first return?

Yes

No

If YES, please provide a copy of the Trust Deed

8. If this is the first return, please state the start date of the Trust

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Declaration:

This is a correct return of all income and deductions for the year ended _____

Signed: _____ Dated: ____/____/____

Capacity in which I make this return: _____

(State whether trustee, administrator, attorney or agent)

DETAILS

9.

Status	Full Name	RMD No.	Full Address	Distribution / share of income received during the year
Trustee(s)				
Beneficiaries				
Settlor(s)				

Attach a separate schedule if space is insufficient

PAYMENTS MADE

10. Commission, interest, rents and royalties paid during year ended 31 December _____

Full name of person to whom payment was made	RMD No.	State whether interest, rent or royalties	Address	Amount paid during the year

TAXABLE INCOME CALCULATION

11.

A copy of the financial statements must be furnished

Total income for tax purposes	A	\$			¢
Less Loss brought forward from previous year	B	\$			¢
Total of A minus B equals:		\$			¢
TOTAL TAXABLE INCOME	C	\$			¢

TAX CALCULATION

12.

The rate of tax for every dollar shall be calculated as follows

Taxable Income from box 11C	A	\$			¢
<i>If box 11C is a loss box 12A is nil</i>					
Trust tax rate	30%				
Total tax payable on income	E	\$			¢

FINAL CALCULATION

13. Tax payable from box 12E above	\$		¢
14. Deduct provisional tax paid (if any)	\$		¢
15. Balance of tax to pay or refund	\$		¢

Payment due date is 1st November whether or not a notice of assessment is issued.

PROVISIONAL TAX

16. If your tax to pay at box 15 is greater than \$2,000, or if your next year's tax to pay will be greater than \$20,000, provisional tax is payable.

a. Provisional Tax Option: box 15 or estimate	\$		¢
b. 20__ Provisional Tax Amount	\$		¢

If you are unsure of your provisional tax obligation, please contact Revenue Management

SUMMARY OF RETURN AND PAYMENT DATES		_____ Provisional Tax	
		Last day of payment	
Month of Balance Dates	Furnish tax return by	1st Instalment	2nd Instalment
December	1st May	1st June	1st December
January	1st June	1st July	1st January
February	1st July	1st August	1st February
March	1st August	1st September	1st March
April	1st September	1st October	1st April
May	1st October	1st November	1st May
June	1st November	1st December	1st June
July	1st December	1st January	1st July
August	1st January	1st February	1st August
September	1st February	1st March	1st September
October	1st March	1st April	1st October
November	1st April	1st May	1st November

_____ Provisional Tax is \$ _____	(See page 3)
1st Instalment of Provisional Tax	pay by ___/___/___ \$ _____
2nd Instalment of Provisional Tax	pay by ___/___/___ \$ _____
_____ Terminal Tax	pay by 1 Nov ___ \$ _____

Send the completed return and accompanying documents to:

**Revenue Management Division
PO Box 120, RAROTONGA**

For further information go to <http://www.mfem.gov.ck/tax>
or you can contact us on (682) 29-365