

TAX CALCULATION cont'd

18)(3) Use this calculation if you were in the country for a complete year and did not receive income from dividends or from a trust.

| | | | |
|---|-----------|----|--------------|
| Total Income from box 17a | | | |
| Less donations (min. \$200, max. \$5,000) | - | | |
| Balance | | | |
| Less exemption | -\$11,000 | 00 | |
| Balance | | | |
| Less (if balance exceeds \$19,000) | -\$19,000 | 00 | |
| Balance | | | |
| Less (if balance exceeds \$50,000) | -\$50,000 | 00 | |
| Balance (if any) taxed at 30% | | | |
| Total tax payable | | | 18(a) |
| Total (insert at box 19) | | | |

Final Calculation:

| | |
|---|--|
| 19) Tax payable from box 18(a) | |
| 20) Less tax already paid from box 17(b) | |
| 21) 19 minus 20 is your 2019 tax payable/refundable | |
| 22) Deduct 2019 provisional tax paid (if any) | |
| 23) Balance of tax to pay or refund | |

Payment due date is 1st November 2020 whether or not notice of assessment is issued

24) 2020 Provisional Tax

If your tax to pay at box 21 is greater than \$2,000, or if your 2019 tax to pay will be greater than \$20,000, provisional tax is payable.

a Provisional Tax option: S or E

b 2020 Provisional Tax Amount:

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



RM. 5
Income Tax Act 1997

**1) 2019
INDIVIDUAL
ANNUAL RETURN OF INCOME**

2) RMD Number:

3) Surname: _____ Mr. / Mrs. / Miss. / Ms
First Name(s): _____

4) Postal Address:

5) Email Address:

6) Daytime Phone Number:

7) Occupation:

| | |
|---|----------|
| 8) Did any of these situations apply during the year? | Yes / No |
| * This is your first return | Yes / No |
| * You arrived in the Cook Islands and became a resident | Yes / No |
| * You left the Cook Islands permanently | Yes / No |
| * This return is for a deceased person to the date of death | Yes / No |

If yes to arrival or departure, advise the date you arrived or departed.

Declaration:
This is a correct return of all my income and deductions for the year ended 31/12/2019

Signed: _____ Dated: ____ / ____ / ____

INCOME

9) Did you receive income from employment?
Including income from salary, wages and all other income received by you from your principal and secondary employment:

| Name of Employer | Gross | | PAYE | |
|--|-----------------|-------|---------|-------|
| | \$ | ¢ | \$ | ¢ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| If the certificate do not cover a full 12 months, please say why: | Totals: a _____ | | b _____ | |

10) Interest:
NB - All interest received from Cook Islands is taxable and should be declared here.

| Name of Payer | Gross | | Tax Deducted | |
|---------------|-----------------|-------|--------------|-------|
| | \$ | ¢ | \$ | ¢ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | Totals: a _____ | | b _____ | |

11) Dividends:
Gross dividends from C.I. Companies
Show any overseas dividends at box 15

| Name of Payer | Gross | | Tax Withheld | |
|---------------|-----------------|-------|--------------|-------|
| | \$ | ¢ | \$ | ¢ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | Totals: a _____ | | b _____ | |

12) Business Income:
Net business income:
Attach full details and financial statements:

a _____

13) Rental Income:
Net rental income:

a _____

14) Partnership/Estate/Trust Income
Net partnership income
Partnership/Estate/Trust name:

| Name of Payer | Gross | | Tax Withheld | |
|---------------|---------|-------|--------------|-------|
| | \$ | ¢ | \$ | ¢ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | a _____ | | b _____ | |

15) Overseas Income:
Net overseas income in Cook Islands currency
Tax paid cannot exceed C.I. equivalent tax payable
Staple proof of overseas tax paid to page 3

| Name of Payer | Gross | | Tax Withheld | |
|---------------|---------|-------|--------------|-------|
| | \$ | ¢ | \$ | ¢ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | a _____ | | b _____ | |

16) Other Income:
Any other income received not included above
Staple details of other income to page 3

| Name of Payer | Gross | | Tax Withheld | |
|---------------|---------|-------|--------------|-------|
| | \$ | ¢ | \$ | ¢ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | a _____ | | b _____ | |

16(c) Loss brought forward from previous year (\$ _____)

17) Total Income and tax for page 2:
Add up income from boxes 9a to 16c

a _____

Add up tax already withheld from boxes 9b to 16b

b _____

TAX CALCULATION cont'd

18)(1) Use this calculation if you arrived into or departed from the country during the year:

(i) Workout the number of days you were personally present in the country = a

(ii) Calculate your exemption below:

$\$11,000 \times \frac{\square}{365} = \$ \square$

| | | | |
|---|---------------|--|--|
| Total Income from box 17a | _____ | | |
| Less donations (min. \$200, max. \$5,000) | - | | |
| Balance | _____ | | |
| Less exemption | _____ | | |
| Balance | _____ | | |
| Less (if balance exceeds \$19,000) | - \$19,000 00 | | |
| Balance | _____ | | |
| Less (if balance exceeds \$50,000) | - \$50,000 00 | | |
| Balance (if any) taxed at 30% | _____ | | |

| Tax | |
|-----|-------|
| 17% | _____ |
| 17% | _____ |
| 27% | _____ |
| 27% | _____ |
| 30% | _____ |

Total tax payable

18(a) _____

Total (insert at box 19)

18)(2) Use this calculation if you received income from dividends and/or trustee income:

Total Income from box 17a
Less donations (min. \$200, max. \$5,000)

| | |
|--|---------------|
| Total Income from box 17a | _____ |
| Less donations (min. \$200, max. \$5,000) | - |
| Balance | _____ |
| Deduct dividends and/or trust income | _____ |
| Less exemption | - \$11,000 00 |
| Balance (if negative value put \$0) | _____ |

Add dividends and/or trust income

| | |
|--------------------------------------|---------------|
| Balance | _____ |
| Less (if balance exceeds \$19,000) | - \$19,000 00 |
| Balance | _____ |
| Less (if balance exceeds \$50,000) | - \$50,000 00 |
| Balance (if any) taxed at 30% | _____ |

| Tax | |
|-----|-------|
| 17% | _____ |
| 17% | _____ |
| 27% | _____ |
| 27% | _____ |
| 30% | _____ |

Total tax payable

18(a) _____

Total (insert at box 19)