



**GOVERNMENT OF GRENADA**

**INCOME TAX ACT NO. 36 of 1994**

INLAND REVENUE DIVISION

**CORPORATION INCOME TAX RETURN**

(to be completed in respect of Companies, Partnerships, Executors of Estates and bodies of Persons)

**FOR YEAR OF ASSESSMENT 20 ...**

In accordance with Section 65 of the Income Tax Act No. 36 of 1994, you are hereby required to prepare a true and correct statement of the whole of your income from every source for the year of assessment on this form and deliver it to the Comptroller of Inland Revenue, St. George's duly signed by the Principal Officer of the Company, the Precedent Partner of the Partnership or by a duly authorised agent within ninety days following the end of the basis period. **Please attach Financial Statements to this return.**

<b>Registered Name of Company, Partnership, etc.</b>		<b>Tax Identification No.</b>	
<b>Address of Head Office</b> Street		<b>Accounting Period</b> From: _____ To: _____	
City/Village		<b>Company</b> <input type="checkbox"/>	
Parish		<b>Branch of Non-Resident Company</b> <input type="checkbox"/>	
Country		<b>Resident in Grenada</b> <input type="checkbox"/>	
<b>Mailing Address(if different from above)</b> Street		<b>Date &amp; Place of Registration or Incorporation</b>	
City/Village		<b>Registration No.</b>	
Parish		<b>Trade Name</b>	
Country			
<b>Work Phone No.</b>	<b>Fax No.</b>	<b>Email Address:</b>	
<b>Cell Phone No:</b>			

**Type of Enterprise**

Corporation  Partnership  Joint Venture  Trust  Estate

**Statement of Chargeable Income and Tax Payable**

<b>101</b> Chargeable Income/ (Loss)	<b>101</b> \$		
<b>102</b> Loss from Prior Year (s) (Complete Schedule K)	<b>102</b> \$		
<b>103</b> Chargeable Income After Loss(Subtract Line 102 from Line 101)	<b>103</b> \$		
<b>104</b> Qualifying Investment Allowance(Schedule G or H)	<b>104</b> \$		
<b>105</b> Adjusted Chargeable Income(Subtract Line 104 from Line 103)	<b>105</b> \$		
<b>106</b> Tax Payable(Multiply Line 105 by 30%)	<b>106</b> \$		
<b>107</b> Total Advance Tax Payments	<b>107</b> \$		
<b>108</b> Net Tax Payable /(Refund) Subtract Line 107 from Line 106)	<b>108</b> \$		
<b>Amount Enclosed</b>	<b>109</b> \$		
<b>Balance Due</b>	<b>110</b> \$		

I,.....hereby certify that this is a true, correct and full Return of the whole of the income of .....from every source whatsoever chargeable under the Income Tax Act and that

\_\_\_\_\_

Signature

\_\_\_\_\_

Position

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Date

**NB: This form has been approved by the Comptroller of Inland Revenue Division Pursuant to Section 125(1) of the Income Tax Act 1994**

**Schedule A Reconciliation of Chargeable Income with Profit and Loss**

Profit/Loss as per Financial Statements Attached		\$	
Add Expenses not allowed:			
(1) Depreciation	\$		
(2) Entertainment expenditure	\$		
(3) Non-business expenditure	\$		
(4) Balancing charges (complete Schedule I)	\$		
(5) _____	\$		
(6) _____	\$		
(7) _____	\$		
(8) _____	\$		
		\$	
Deduct Allowable Expenses not charged and exempt income included in Accounts:			
(1) Exempt Income (complete Schedule D)	\$		
(2) Capital allowances (complete Schedule j)	\$		
(3) Balancing allowances (complete Sch. I)	\$		
(4) _____	\$		
(5) _____	\$		
(6) _____	\$		
(7) _____	\$		
(8) _____	\$		
		\$	
<b>If Partnership or Joint Venture Deduct:</b>			
(1) Salaries to Partners and Joint Owners	\$		
(2) Interest on Capital	\$		
		\$	
Assessable Income		\$	

**Schedule B Names & Addresses of Partners, Joint Owners, etc.**

Names	Addresses	Resident in Grenada?	
		Yes	No

**Schedule C Apportionment of Assessable Income**

Name of Partners or Joint Owners (1)	Share of Assessable Income (2)	Salaries of Partners or Joint Owners (3)	Interest on Capital (4)	Sum of Columns (2), (3), (4) (5)	Share of Tax Exempt Income (6)
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

<b>Schedule D Tax Exempt Income</b>	
Description	Amount
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

<b>Schedule E Expenses incurred in producing Tax Exempt Income</b>	
NB: No deduction can be given for any expenditure incurred for the purpose of producing exempt income. Please give full details here.	
Details:	

<b>Schedule F Gross Payments and Withholding Tax Paid</b>				
NB: You are required under Paragraph 5(2) & (3) of the Third Schedule of the Income Tax Act to show the total Withholding tax deducted during the year from the following payments made to non-resident persons. In the event of there being any deficiency between the total amount of tax deducted in any year and the total payments of such tax made to the Comptroller, that person shall be required to account to the Comptroller for such deficiency.				
Items	Total Payments	Payments to Residents	Payments to Non-Residents	Withholding Tax Deducted and Paid
Interest (not deposit interest)	\$	\$	\$	\$
Discounts	\$	\$	\$	\$
Rentals	\$	\$	\$	\$
Lease premium	\$	\$	\$	\$
Royalties	\$	\$	\$	\$
Licences	\$	\$	\$	\$
Franchise Fees	\$	\$	\$	\$
Director fees or Commissions	\$	\$	\$	\$
Management Charges	\$	\$	\$	\$
Annuities or similar periodic payments	\$	\$	\$	\$
Technical Assistance Fee	\$	\$	\$	\$
Other Payments*	\$	\$	\$	\$
Employment Income	\$	\$	\$	\$
Partnership Income	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

\*to which Withholding Tax is applicable



<b>Schedule K</b>		<b>Loss From Prior Years</b> (Each loss can be carried forward for 6 years)				
Year of Loss	Amount of Loss	Loss B/F	Prior Set-offs		Amount Set-Off to this Year of Assessment	Balance of Loss Allowable for C/F
(1)	(2)	(3)	Amount (4)	Year of Assessment (5)	(6)	(7)
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
<b>TOTAL</b>					\$	\$