M O N T S E R R A T

INCOME TAX (AMENDMENT) RULES 2015

S.R.O. 37 of 2015

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MONTSERRAT

STATUTORY RULES AND ORDERS

S.R.O. 37 OF 2015

INCOME TAX (AMENDMENT) RULES 2015

THE INCOME TAX (AMENDMENT) RULES 2015 MADE BY THE GOVERNOR ACTING ON THE ADVICE OF CABINET UNDER SECTION 43 OF THE INCOME AND CORPORATION TAX ACT (CAP.17.01).

1. Citation

These Rules may be cited as the Income Tax (Amendment) Rules 2015.

2. Interpretation

In these Rules—

"Act" means the Income and Corporation Tax Act (Cap.17.01);

"principal Rules" means the Income Tax Rules (Cap.17.01); and

"tax" means income tax imposed under the Act.

3. Rule 5(2) repealed

Rule 5(2) of the principal Rules is repealed.

4. Rule 7 amended

Rule 7 of the principal Rules is amended—

(*a*) by deleting subrule (1) and substituting the following:

"(1) The return of income required to be delivered to the Comptroller under section 50 of the Act shall be in Form A, Form B or Form C of Schedule B."; and

- (b) by inserting as subrule (4) the following:
- "(4) Form C shall be completed with respect to a person other than an individual.".

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5. Rule 14 amended

Rule 14 of the principal Rules is deleted and the following is substituted:

"Payment of tax

14. (1) Subject to subsection (2), tax is payable in one lump sum-

- (a) on 30 June of the year of assessment; or
- (b) within one month of the date of service of a notice of assessment,

whichever is later.

(2) The Comptroller may, in proportionate monthly amounts, deduct from the salary or pension payable to a public officer, pensioner or private sector employee, the tax payable by—

- (*a*) the public officer or pensioner on the portion of his income which is derived from the public revenue of Montserrat; or
- (b) the private sector employee.".

6. Schedule B amended

Schedule B of the principal Rules is amended by inserting the following as Form C:

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"FORM C [Rule 7]

(IRD7)

GOVERNMENT OF MONTSERRAT INCOME AND CORPORATION TAX ACT (CAP. 17.01) INLAND REVENUE DEPARTMENT CORPORATION / INCOME TAX RETURN

(to be completed in respect of a company, a partnership, an executor of an estate

and a body of persons)

FOR INCOME TAX YEAR 20.....

In accordance with the Income and Corporation Tax Act (Cap.17.01), you are required to prepare a true and correct statement of the whole of your income from every source for the income year on this form and deliver it to the Comptroller of Inland Revenue, Brades, 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 basic year.

Please attach financial statements to this return.

Registered Name of company, p	artnership, etc.	Tax Account No.					
Address of head office		Accounting period					
Street		From: To:					
City/Village		Company? Yes To					
P. O. Box		Branch of non-resident company? Yes No					
Country		Resident in Montserrat? Yes No					
Mailing address (if different from Street	m above)	Date and place of registration or incorporation:					
City/Village		Registration No.:					
P. O. Box		Trade name:					
Country							
Phone No.	Fax No.	Nature of business or principal activity:					

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Type of	enterprise					
Corpora	tion Partnership Joint venture Trust	Esta	ate			
Statem	ent of chargeable income and tax payable					
101	Chargeable income before loss (Complete Schedule A)	101	\$	Ì		
104	Loss set-off (Complete Schedule I)	104	\$	J		
111	Adjusted chargeable income (Subtract line 104 from line 101)	111	\$			
150	Corporation tax payable (Multiply line 111 by 30%)		1	150	\$	
151	Any other relief (Attach explanations)		15	1	\$	
260	Total advance tax payments		260	b	\$	
261	Net tax payable (Subtract line 151 plus 260 from line 150)		2	261	\$	
	150Corporation tax payable (Multiply line 111 by 30%)150151Any other relief (Attach explanations)151260Total advance tax payments260					
		unt encl	losed 353		\$	
	(Note that a balance of \$20.00 or less is not payable)				\$	

DECLARATION		
Please note that non-declaration or incorrect submissio a penalty in accordance with sections 86 and 87 of the		an the imposition of
I of		
(Name in block letters)	(Address)	
am an authorised representative or agent of the enterpr I certify that this return, including the accompanying so complete return. I further certify that the method of com disclosed in this return.	chedules and statements, has been examined by me a	
(Signature)	(Date)	(Position or Office)

1. Net Income as per profit and loss account attached		\$	
2. Add expenses not allowed:		۳	-
(1) Depreciation	\$		
(2) Entertainment expenditure	\$		
(3) Non-business expenditure	\$		
(4) Balancing addition (complete Schedule G)	\$		
(5) Expenditure on exempt income	\$		
(6)	\$		
(7)	\$		
(8)	\$		
		\$	
(1) Exempt income (complete Schedule D)	\$		
 Exempt income (complete Schedule D) (2) Capital allowances (complete Schedule H) 	\$		
(2) Capital allowances (complete Schedule H)	\$		
(2) Capital allowances (complete Schedule H)(3) Balancing deduction (complete Schedule G)	\$ \$		
(2) Capital allowances (complete Schedule H)(3) Balancing deduction (complete Schedule G)(4) GOM debenture	\$ \$ \$		
 (2) Capital allowances (complete Schedule H) (3) Balancing deduction (complete Schedule G) (4) GOM debenture (5) 	\$ \$ \$		
 (2) Capital allowances (complete Schedule H) (3) Balancing deduction (complete Schedule G) (4) GOM debenture (5) (6) 	\$ \$ \$ \$		
 (2) Capital allowances (complete Schedule H) (3) Balancing deduction (complete Schedule G) (4) GOM debenture (5) (6) (7) (8) 	\$ \$ \$ \$ \$		_
 (2) Capital allowances (complete Schedule H) (3) Balancing deduction (complete Schedule G) (4) GOM debenture (5) (6) (7) (8) (8) If partnership or joint venture deduct: Salaries to partners and 	\$ \$ \$ \$ \$ \$	 \$	-
 (2) Capital allowances (complete Schedule H) (3) Balancing deduction (complete Schedule G) (4) GOM debenture (5) (6) (7) (8) If partnership or joint venture deduct: 	\$ \$ \$ \$ \$ \$	 \$	_
 (2) Capital allowances (complete Schedule H) (3) Balancing deduction (complete Schedule G) (4) GOM debenture (5) (6) (7) (8) If partnership or joint venture deduct: Salaries to partners and joint owners 	\$ \$ \$ \$ \$ \$ \$	 \$	_

Schedul	e B	Names &	addresse	es of p	artners, joint	owners et	c.			
Names		Ad	dresses		Resident in Montserrat?					
Humes					Yes	hiohitoonia	No			
Schedule C		rtionment		sable i						
Column (1)	Colum	n (2) 0	Column (3)		Column (4)	Column (5	5)	Column (6)		
Name of partners or joint owners		able p	Salaries partners or pwners	of joint	Interest or capital	Sum of co (3) and (4)	lumns (2),	Share of tax exempt income		
	\$	\$	5		\$	\$		\$		
	\$	42			\$	\$		\$		
	\$	\$			\$	\$		\$		
	\$	4			\$	\$		\$		
Schedule D	Tax ex	empt inco	me							
Description				Amou	int					
				\$						
				\$						
				\$						
				\$						
Total				\$						
Total				¢						
E N.B: No deduction details here.	on can be	given for any o	expenditure	e incurre	ed for the purpose	of producing	exempt inco	ome. Please give full		
Details:										
Tot	tal (Enter	this amount ir	n item 2 of S	Schedul	e A)					
Schedule	Gross p	ayments a	nd withh	olding	g tax paid					
F	-	•								
NB: You are required during the year f	rom the fo basis peri	llowing paym	ents made t	o non-r	esident persons. If	the payment	has accrue	olding tax deducted d but is not actually en made on the last		
Items		Total	Payn	nents	Payments to	Withholdin	g tax dedu	cted and paid		
		payments	to		non-					
			resid	lents	residents					
Interest (not interest)	deposit	\$	\$		\$	\$				
Discounts		\$	\$		\$	\$				
Rentals		\$	\$		\$	\$				
Lease payments		\$	\$		\$	\$				
Royalties		\$	\$		\$	\$				

Licences	\$ \$	\$ \$
Fees	\$ \$	\$ \$
Commissions	\$ \$	\$ \$
Management charges	\$ \$	\$ \$
Annuities	\$ \$	\$ \$
Other payments*	\$ \$	\$ \$
Employment income	\$ \$	\$ \$
Partnership income	\$ \$	\$ \$
TOTALS		

*to which withholding tax is applicable

Schedule G	Comput	Computation of balancing addition and deduction										
Descriptio n of assets (1)	Purchase price (2)	Date of purcha se (3)	Date of disposal (4)	Written down value at date of disposal (5)	Total allowances granted (6)	Proceeds of sale or trade- in value (7)	Balancin g addition (profit) (8)	Balancing deduction (loss) (9)				
	\$			\$	\$	\$	\$	\$				
	\$			\$	\$	\$	\$	\$				
	\$			\$	\$	\$	\$	\$				
	\$			\$	\$	\$	\$	\$				
TOTALS	\$			\$	\$	\$	\$	\$				

(Enter the total of column 8 in item 2 of Schedule A). of Schedule A).

(Enter the total of column 9 in item 3

Schedule H	Claim for capital allowances									
Descriptio n of assets (1)	Histor ical cost	Written down value B/F	Additions during year	Disposals during year		dition or	al allowance	Written down value C/F		
	(2)	(3)	(4)	(5)	(6)	Rate (7)	Allowances (8)	(9)		
	\$	\$	\$	\$		%	\$	\$		
	\$	\$	\$	\$		%	\$	\$		
	\$	\$	\$	\$		%	\$	\$		
	\$	\$	\$	\$		%	\$	\$		
	\$	\$	\$	\$		%	\$	\$		
	1	1	1	1		TOTAL	\$			

(Enter this total in item 3 of Schedule A).

Schedule	Loss from	previous years				
I						
Year of loss	Amount of Loss B/F loss		Previous set-offs		Amount set-off to this year of assessment not exceeding 50% chargeable	Balance of loss allowable for C/I
				1	income	
(1)	(2)	(3)	Amount	Year of	(6)	(7)
			(4)	assessment		
				(5)		
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
	\$	\$	\$		\$	\$
TOTAL in line 104)		1	(I	Enter this total	\$	

Schedule J	Management of enterprise Please provide the following information on the management of the enterprise:							
		Name	Address					
Manager								
Financial Cor	ntroller/ Accountant							
Director								
Director								

Schedule K	The following related party information is required:							
Associated/	' Related company or enterprise	Address	Nature of relationship/ Association (e.g. common management shareholding, ownership etc.)					
				77				

Made by the Governor acting on the advice of Cabinet this 5th day of June, 2014.

(Sgd.) Camille C Gerald

CLERK OF CABINET

Published by exhibition by the Clerk of Cabinet at the Office of the Legislature, Farara Plaza, Brades, this 10^{th} day of July, 2015.

(Sgd.) Camille C Gerald

CLERK OF CABINET