

Return of further information - S.75

Please provide the following information on the management of the Enterprise

FOR OFFICE USE ONLY

	Name	Address
Manager		
Financial Controller/Accountant		
Director		
Director		

The following related party information is required:

Associated/Related Company	Address	Nature of Relationship/Association (e.g. common management, shareholding, ownership, etc.)

Please ensure that the following schedules are completed:

- * Financial statements along with certificate relating to the preparation of the Financial Statements;
- * Capital cost allowance (CCA) schedule, if the space on Page 3 is insufficient;
- * Schedule of disposals and resulting balancing charge/allowance, if the space on Page 3 is insufficient;
- * Schedule of cost of sales, direct and administrative expenses, if not part of the Financial Statements.

Name and Address of Partners or Beneficiaries

Name	Address	Resident		Name of Spouse, Parent or Guardian	Address of Spouse, Parent or Guardian	Resident	
		Y - Yes	N - No			Y - Yes	N - No
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

Please note that non-declaration or incorrect submission of information as requested on this return could mean the imposition of penalties in accordance with Sections 121 of the Income Tax Act, No. 1 of 1989

I, _____ of _____
 (Name in block letters) (Address)

am an authorised representative or agent of the Enterprise.

I certify that this return, including the accompanying schedules and statements, has been examined by me and is a true, correct, and complete return. I further certify that the method of computing income for this income year is consistent with that of the previous year except as specifically disclosed in this return.

(Signature)

(DATE)

(Position or office)