



Year of Assessment

Income Tax Act, Chapter, 81:01

Please read all instructions carefully and consult the guidelines provided at the end of this return.
It is a serious offence to make a false Partnership Return.

☐ Amendment

| | | | | |
|----|--------------------------------|---|------------------------------|--|
| *1 | Taxpayer Identification Number | 3 | Small Business Certificate # | |
| *2 | Registration Number | | | |

Organisation Details

| | | | |
|----|------------------------------|----------|--------------------------|
| | | Changed? | <input type="checkbox"/> |
| *4 | Registered Name | | |
| | | Changed? | <input type="checkbox"/> |
| 5 | Business/ Trading Name(s) | | |

Address

| | | | |
|---|--|--|--|
| <div> <div>*6 Business Address</div> <div>Changed?</div> </div> | | <div> <div>7 Mailing Address (if different from Business Address)</div> <div>Changed?</div> </div> | |
| Line 1 | | Line 1 | |
| Line 2 | | Line 2 | |
| P.O. Box | | P.O. Box | |
| Country | | Country | |

Miscellaneous

| | |
|-------|--|
| *8 | Accounting Period |
| From: | To: |
| | |
| *9 | Residency: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident (Specify Country Headquarters in): <input type="text"/> |

G\$

Summary

***¹⁰ Chargeable Income**
 (enter value from line 24)

*Declaration

I, , , declare that this is a true and correct Return of the whole of the income from every source whatsoever chargeable under this Ordinance, and the schedules & statements included in the Return are true and correct, and I further declare that I am authorised by to sign the Return on behalf of the said partnership.

Given under my hand this _____ Signature _____ Position/Capacity in which Return is made

Indicate whether proprietor, director, manager, secretary, office holder in club or association duly authorised

If absent from the country, state the name and address of the agent in the country:

First Name Last Name Address

State whether the Return is made:

☐ As the Resident Acting Partner for the time being of a Firm

☐ As an Attorney, Agent, Factor, Trustee, Manager, etc. of any person

☐ As Trustee, Executor, Administrator, etc. of an Estate

N.B. - In the case of a firm, the Declaration above must be made by the Resident Acting Partner for the time being, or in the case where none of the Partners is resident in the country, by the Attorney, Manager, Agent, etc., the required Declaration as to the Partnership profits, being made in Share of Income Details section.

Business Activity

*11 Describe your major business activity with as much detail as possible:

12 Specify up to 3 main products or services that you provide and the estimated percentage of revenue they each represent:

| | | |
|--|--|---|
| | | % |
| | | % |
| | | % |

Tax Computation to be completed by Taxpayer

Income

G\$

| | | | | | | | | |
|-----|---|--|-------|---|---|---|--|--|
| *13 | A | Profits/Losses from the working of Estates or the occupation or cultivation of land of every description | | | | | | |
| | | | , | , | , | , | | |
| *14 | A | Profits/Losses from any trade, business, profession or vocation - other than working of land, or salary | | | | | | |
| | | | , | , | , | , | | |
| *15 | C | Dividends, Interest or Discount from sources within Guyana | | | | | | |
| | | | , | , | , | , | | |
| *16 | C | Dividends, Interest or Discount arising or accruing from any sources out of Guyana | | | | | | |
| | | | , | , | , | , | | |
| *17 | D | All Charges or annuities arising in Guyana or elsewhere | | | | | | |
| | | | , | , | , | , | | |
| *18 | E | All Rents, royalties, premiums and other profits arising from property in Guyana or elsewhere | | | | | | |
| | | | , | , | , | , | | |
| *19 | F | Net Capital Gains deemed income | | | | | | |
| | | | , | , | , | , | | |
| | | | <hr/> | | | | | |
| *20 | | Total Income (excluding Losses) under lines 13 to 19 | | | | | | |
| | | | , | , | , | , | | |

less Allowances

| | | | | | | | | |
|-----|--|--|-------|---|---|---|--|--|
| *21 | | Wear & Tear Allowance | | | | | | |
| | | | , | , | , | , | | |
| *22 | | Trade Losses able to be claimed | | | | | | |
| | | | , | , | , | , | | |
| | | | <hr/> | | | | | |
| *23 | | Total Allowances (add from lines 21 to 22) | | | | | | |
| | | | , | , | , | , | | |

| | | | | | | | |
|-----|--|--------------------------------------|---|---|---|---|--|
| *24 | | Chargeable Income (line 20 minus 23) | | | | | |
| | | | , | , | , | , | |

Share of Income Details

Please use supplementary sheets for additional partners.

No. of Continuation Sheets

| TIN & Name of Partner (or beneficiary) | Address of Partner (or beneficiary) | Partner Type | Basis of profit distribution (%) | Amount of partner's or beneficiary's share of the income (\$) | | | |
|--|--|---|---|---|---|---|---|
| <div></div> | <div></div> | <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Acting</div> <div><input type="checkbox"/> Special</div> <div><input type="checkbox"/> Salaried</div> | | , | , | , | , |
| <div></div> | <div></div> | <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Acting</div> <div><input type="checkbox"/> Special</div> <div><input type="checkbox"/> Salaried</div> | | , | , | , | , |
| <div></div> | <div></div> | <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Acting</div> <div><input type="checkbox"/> Special</div> <div><input type="checkbox"/> Salaried</div> | | , | , | , | , |
| <div></div> | <div></div> | <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Acting</div> <div><input type="checkbox"/> Special</div> <div><input type="checkbox"/> Salaried</div> | | , | , | , | , |
| <div></div> | <div></div> | <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Acting</div> <div><input type="checkbox"/> Special</div> <div><input type="checkbox"/> Salaried</div> | | , | , | , | , |
| <div></div> | <div></div> | <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Acting</div> <div><input type="checkbox"/> Special</div> <div><input type="checkbox"/> Salaried</div> | | , | , | , | , |
| <div></div> | <div></div> | <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Acting</div> <div><input type="checkbox"/> Special</div> <div><input type="checkbox"/> Salaried</div> | | , | , | , | , |
| <div></div> | <div></div> | <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Acting</div> <div><input type="checkbox"/> Special</div> <div><input type="checkbox"/> Salaried</div> | | , | , | , | , |
| Total (to agree with the total net profits of the firm or estate or trust as returned above, inclusive of supplementary sheet figures) | | | | , | , | , | , |

Declaration

I, , declare that the foregoing particulars are in every respect fully and truly stated

First Name

Last Name

according to the best of my judgement and belief.

Signature

Title

Date

(indicate whether Resident Acting Partner for the time being, Executor and Administrative Trustee or the Attorney, Agent, Manager, & c.; in cases where on partner is resident in the Territory.