



G0005 v1

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 #	<input type="text"/>
*2 Registration Number		

Organisation Details

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

Address

*6 Business Address	Changed? <input type="checkbox"/>	7 Mailing Address (if different from Business Address)	Changed? <input type="checkbox"/>
Line 1	<input type="text"/>	Line 1	<input type="text"/>
Line 2	<input type="text"/>	Line 2	<input type="text"/>
P.O. Box	<input type="text"/>	P.O. Box	<input type="text"/>
Country	<input type="text"/>	Country	<input type="text"/>

Miscellaneous

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

Summary

G\$

*10 Chargeable Income (enter value from line 24)									
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*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	<input style="float: right; margin-right: 10px;" type="text"/> , , , ,
*14 A Profits/Losses from any trade, business, profession or vocation - other than working of land, or salary	<input style="float: right; margin-right: 10px;" type="text"/> , , , ,
*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	<input style="float: right; margin-right: 10px;" type="text"/> , , , ,
*19 F Net Capital Gains deemed income	<input style="float: right; margin-right: 10px;" type="text"/> , , , ,
*20 Total Income (excluding Losses) under lines 13 to 19	<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> , , , ,

less Allowances

*21 Wear & Tear Allowance	, , , ,
*22 Trade Losses able to be claimed	, , , ,
*23 Total Allowances (add from lines 21 to 22)	<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> , , , ,

*24 Chargeable Income (line 20 minus 23)	<input style="float: right; margin-right: 10px;" type="text"/> , , , ,
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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 (\$)
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/> General <input type="checkbox"/> Acting <input type="checkbox"/> Special <input type="checkbox"/> Salaried		, , , ,
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/> General <input type="checkbox"/> Acting <input type="checkbox"/> Special <input type="checkbox"/> Salaried		, , , ,
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/> General <input type="checkbox"/> Acting <input type="checkbox"/> Special <input type="checkbox"/> Salaried		, , , ,
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/> General <input type="checkbox"/> Acting <input type="checkbox"/> Special <input type="checkbox"/> Salaried		, , , ,
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/> General <input type="checkbox"/> Acting <input type="checkbox"/> Special <input type="checkbox"/> Salaried		, , , ,
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/> General <input type="checkbox"/> Acting <input type="checkbox"/> Special <input type="checkbox"/> Salaried		, , , ,
<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input type="checkbox"/> General <input type="checkbox"/> Acting <input type="checkbox"/> Special <input type="checkbox"/> Salaried		, , , ,
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.)

N.B. - In the case of persons carrying on business in partnership, the Resident Acting Partner, or the Attorney, Agent or Manager, where no partner is resident in the country, is required to render a joint Return of the full profits of the partnership, although liability to tax attaches only to each of the partners in his/her individual capacity. Each resident partner must therefore render a separate Return of his/her share of the partnership profits and also of any personal income which he/she may possess. The Return of the share of any non-resident partner must be made on his/her behalf by his/her Attorney, Agent, Manager & c. The same applies *mutatis mutandis* to beneficiaries.