



No. of Continuation Sheets

Guyana Revenue Authority

Return of Tributors Income - Quarterly

Period

From To

Y Y Y Y M M Y Y Y Y M M

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 Tributors Tax Return.

Amendment

Personal Information

*1 Taxpayer Identification Number	*2 Name	Changed? <input type="checkbox"/>	*3 Address	Changed? <input type="checkbox"/>
			Line 1 <input style="width: 90%; height: 25px;" type="text"/>	
			Line 2 <input style="width: 90%; height: 25px;" type="text"/>	
			P.O. Box <input style="width: 90%; height: 25px;" type="text"/>	
			Country <input style="width: 90%; height: 25px;" type="text"/>	

Summary

*4 Taxpayer Identification Number	*5 Total Income	*6 Total Tax Deducted
	, , ,	, , ,

Return Details

#	TIN/ID	First Name, Last Name	Address	Cell Phone #	Date of Birth	Total Income	Tax Deducted
TIN	ID	First Name			Y Y Y Y M M D D	, , ,	, , ,
TIN	ID	Last Name			Y Y Y Y M M D D	, , ,	, , ,
TIN	ID	First Name			Y Y Y Y M M D D	, , ,	, , ,
TIN	ID	Last Name			Y Y Y Y M M D D	, , ,	, , ,
TIN	ID	First Name			Y Y Y Y M M D D	, , ,	, , ,
TIN	ID	Last Name			Y Y Y Y M M D D	, , ,	, , ,

Declaration

I, , certify that the information given, on _____ Signature _____ Title _____
First Name Last Name

this return and any attachment, is true & correct.

(indicate whether proprietor, director, manager, secretary, office holder in club or association duly authorised) Y Y Y Y M M D D