

BELIZE TAX ADMINISTRATION INCOME TAX RETURN FOR EMPLOYEES

BASIS YEAR

| PAR | ΓP - PERSONAL INFORMATION | | | | | | |
|------------|--|--------------------------------|---------------------|---------------------------------------|--------------|------------|---------------|
| soc | AL SECURITY NUMBER: | | | (all nine dig | its) | | |
| MR Mrs. | Last Name (Print) First Name (Print |) Midd | lle Name (F | Print) | ĺ | Date o | f Birth |
| Miss | | | | | Date | Month | Year |
| Prese | ent Mailing Address (<i>Print</i>) | □ cianta □ | As at 31s Separated | t Decemb | | I was: | ((or) |
| | | Nam | e of Spous | | | Date of M | |
| Is thi | s your first Income Tax Return? | Married To: | | | Date | Month | Year |
| if 'NC | o' state year for which last return filed. | | | | Date | World | 1 001 |
| | e on last return: same as aboveess on last return: same as above | whose addrest if you became | | | ☐ dent of | Belize las | t vear. give: |
| | | Da | te of Entry | | I | Date of D | eparture |
| Tyne | of work or Position | Day Name of Pres | Month | | Day | Мо | nth |
| | ACH COPIES OF TD4 SLIPS MARKED "FOR EMPLOYEES | | citt Employ | Ci | | | |
| PAR | T 2 - TAX DECLARATION AND CALCULATION | | | | | Fo | or Office |
| (1) | Total Income from Employment (List Overleaf) | | | | (1) | и | se only |
| (20) | Total Taxable Income | | | | (20) | Doc# | |
| (30) | Personal Relief (See Overleaf) | | | | (30) | IRD | |
| (31) | Charitable Donations (See Guide) | | | | (31) | Rem | |
| (33) | Contribution to Sports(See Guide) | | | | (33) | Assmt # | |
| (35) | Contributions to Education(See Guide) | | | | (35) | | |
| (36) | Total Deductions (Line 30 + Line 31 + Line 33 + Line 35) | | | | (36) | | |
| (40) | Chargeable Income (Line 20 - Line 36) | | | | (40) | | |
| (50) | Rate of Tax (25%) | | | .25 | (50) | | |
| (51) | Total Tax Payable (Line 40 x Line 50) | | | | (51) | | |
| (55) | Standard Tax Deduction | | | | (55) | | |
| (60) | Income Tax Due (Line 51 - Line 55) | | | | (60) | | |
| (70) | Tax Deducted at Source | | | | (70) | | |
| (72) | Tax Paid By Installments | | | | (72) | | |
| (80) | Total Credits (sum Lines 70 & 72) | | | | (80) | | |
| (90) | Balance Due and Payable/Refund Due (Line 60 - Line 80) | | | | (90) | | |
| (100) | Late Filing Penalty (Line 90 x 3% per month) | | | | (100) | | |
| (101) | Interest on Balance Due (Line 90 x 1.5% per month) | | | | (101) | | |
| | Balance Owing (Sum Lines 90 + 100 + 101)/ Refund Due Balance owing is due not later than 31st March | | | | (110) | | |
| Certif | ication: | | | | | | |
| | by certify that the information given in this return and in any documer by the surgest of the su | | e, correct | | | | |
| Signa | ture: | Print Name: | | | | | |
| Date: | | Telephone: | | | | | |
| | of Bank or t Union: | Branch Location: | | | | | |
| Acco | unt #: | _ | | | | | |
| Emai | Transit- Account No Branch-Account No e.g. Scotia "61275-0012345" or Belize Bank "635022000123" | _ | | | | | |
| ∟ıııalı | <u>Importante de la constante de</u> | | | • • • • • • • • • • • • • • • • • • • | | | |
| | IT IS A SERIOUS OFFENCE TO MAK | LE A FALSE II | NCOME TA | AX RETUR | (N | | |

Only one employee return is to be filed for the year and must include all your income from all sources.

Part A: Income

| No. | Name of Employer | District | No. of Weeks Employed | Earnings (box D on TD4) |
|-----|------------------|----------|--------------------------|----------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| | | TOTAL | | |

| Less than \$26,000 | Personal Relief of \$25,600 |
|------------------------|-----------------------------|
| \$26,000.01 - \$27,000 | Personal Relief of \$24,600 |
| \$27,000.01 - \$29,000 | Personal Relief of \$22,600 |
| \$29,000.01 and over | Personal Relief of \$19,600 |

Rate of Tax 25% of Chargeable Income