



**ADV01**  
**Domestic Tax**  
**Department**  
**Rev. August 2017**



**QUARTERLY 2% or 4%**  
**INCOME TAX RETURN FORM**

Fields with \* are mandatory, dates in MM/DD/YYYY  
 Keep a copy for your records

**Instructions: This application form is required for persons who are required to file an income tax return for a tax period and are required to make advance payments of their income tax liability for the period**

**1. TAXPAYER INFORMATION**

<b>1a. Tax Division.*</b>	<b>1b. TIN* (must start with 5):</b> 5	<b>1c. Name of Taxpayer*:</b>	<b>1d. Currency*:</b>
<b>1e. Address</b>	<b>1f. Email</b>	<b>1g. Business Telephone</b>	<b>1h. Cell Number</b>

**2. DETERMINATION TOTAL AMOUNT OF ADVANCE PAYMENTS – 904(A)(3)**

In determining the total amount of advance payments required for a quarter, the following rules/ methods have been selected (select one only):

2% tax of gross turnover / receipt for the quarter if taxpayer is a medium or large taxpayer

4% tax of gross turnover / receipt for the quarter if taxpayer is a small taxpayer

**Total advance payment:** \_\_\_\_\_ **X 2% or 4% equals quarterly payment of:** \_\_\_\_\_

**3. SCHEDULE QUARTERLY PAYMENTS**

An advance payment is timely made if payment is made at the designated hour and place for payment in accordance with Section 50 and if payment is made by the 15<sup>th</sup> day following the end of each quarter of the taxpayer's tax year.

	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>3a. Due Date:</b>	<b>3b. 15<sup>th</sup> of April</b>	<b>3c. 15<sup>th</sup> of July</b>	<b>3d. 15<sup>th</sup> of October</b>	<b>3e. 15<sup>th</sup> of January</b>

**4. PAYMENT**

**4a. Amount on Hand to Pay**

**5. CERTIFICATE**

**I certify that the information given above and in the attached appendices is true, accurate and complete to the best of my knowledge. I also understand that any false declaration may lead to prosecution.**

<b>5a. CFO Full Name*</b>	<b>5b. Signature*</b>
	<b>5c. Date*</b> <b>5d. Telephone #*</b>
<b>5e. CEO Full Name*</b>	<b>5f. Signature*</b>
	<b>5g. Date*</b> <b>5h. Telephone #*</b>

**6. FOR OFFICIAL USE ONLY**

	<b>6a. Name*</b>	<b>6b. Date*</b>	<b>6c. Signature*</b>
<b>Received by</b>			
<b>Captured by</b>			
<b>Validated by</b>			
<b>Document No.</b>			