



TAXPAYER'S RECEIPT

ANTIGUA - Inland Revenue Department

Tax Centre: ST. JOHNS

Document No. :

Due date:

F50 PIT Instalment - Monthly Declaration.

Tax Account No.:

Tax Period:

Assessment Period date:

For Official use

Payment Date:

Amount

DUE

PAID

Tax

Penalty

Interest

Total

Revenue Officer for Commissioner

PART 1 - TAXPAYER AND TAX IDENTIFICATION

Tax Account No.:

Document No. :

Filing number:

Tax Period:

Assessment Period date:

Date Issued :

Due Date:

PART 2 - TAX DECLARATION AND CALCULATION

In accordance with Part V, section 21 & 22 of The Personal Income Tax Act, 2005 of Antigua and Barbuda, I now make payment of the monthly installment for the taxation period indicated above.

(10)	Total tax Liability for Previous Tax Period	(10)	<input type="text"/>
(15)	Tax installment rate 1/12 (0.0833333)	(15)	<input type="text"/>
(20)	Total installment to be paid for the remitting period (L10 X L15)	(20)	<input type="text"/>
(30)	Monthly tax installment approved by the Commissioner	(30)	<input type="text"/>
(35)	Total income tax paid for the year to date	(35)	<input type="text"/>

I certify that the information provided on this return and any documents attached are correct, complete and fully discloses all income of the related tax to the best of my knowledge. It is a serious offence to submit a false return.

Name: Signature: Date:
(Please Print Name)

Title: Address: Phone:
(If form is completed by someone other than taxpayer)