a and a state of the state of t	TAXPAYER'S RECEIPT		Tax Centre: ST. JOHNS				
	ANTIGUA - Inland Revenue Departmen			Document No. :		Due date:	
F51 PIT PARTNERSHIP INSTALMENTS - MONTHLY DECLARATION							
Tax Account No.:	Tax Period:	Assessment Period date:	For Official use Payment Date:				
			Amount	DUE		PAID	
			Тах				
			Penalty				
			Interest				
			Total				
			Revenue C	Officer for Co	ommissione	er	

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 25, subsection 3(a) of The Personal Income Tax Act, 2005 of Antigua and Barbuda, I now make monthly instalment payment on behalf of the partners for the taxation period indicated above, as follows:

(10)	Total tax Liability for Previous Tax Period	(10)	
(15)	Tax installment rate 1/12 (0.0833333)	(15)	0.083
(20)	Total installment to be paid for the remitting period (L10 X L15)	(20)	
(30)	Monthly tax installment approved by the Commissioner	(30)	
(35)	Total income tax paid for the year to date	(35)	

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:		
<b>T</b> :41 - 1	(Please Print Name)	<b>A</b> -1-1		]			
Title:_		Address:_	(If form is completed by someone other than taxpayer)	] Phone:			