

FOR THE YEAR ENDED 20\_\_  
COMPANY REGISTERED NAME \_\_\_\_\_ COMPANY TIN \_\_\_\_\_

**INFORMATION ON CERTAIN PAYMENTS**  
(required under section 49A of the Income Tax Act Cap 212.)

<b>AMOUNTS PAID TO SHAREHOLDERS AND DIRECTORS(Including accrued expenses)</b>		
NATURE OF PAYMENTS	NAME AND ADDRESS OF PAYEE	AMOUNT PAID
<b>AMOUNTS PAID TO SHAREHOLDERS AND DIRECTORS RELATIVES(Inc. accrued expenses)</b>		
NATURE OF PAYMENTS	NAME AND ADDRESS OF PAYEE	AMOUNT PAID
<b>AMOUNTS PAID AS INTEREST AND RENT (Including accrued expenses)</b>		
NATURE OF PAYMENTS	NAME AND ADDRESS OF PAYEE	AMOUNT PAID
<b>PAYMENTS TO PERSONS OR COMPANIES NOT RESIDENT IN ANTIGUA AND BARBUDA, CLAIMED AS DEDUCTIONS IN COMPUTING CHARGEABLE PROFITS (Including accrued expenses)</b>		
NATURE OF PAYMENTS	NAME AND ADDRESS OF PAYEE	AMOUNT PAID

I certify that the information provided on this form is correct and complete.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_