ANNUAL INCOME TAX FORM FOR THE PERIOD
1 JANUARY 2016 TO 31 DECEMBER 2016



Taxpayer Name:

TIN: _ _ _ _ _ _

NDDR Form No NDDR-IT 1 (2016)

If you were not in business for the whole year, or if you had an approved substituted accounting period, specify the period that this form relates to: $__/__/__$ to $__/__/__/__$

Q.1 ARE YOU AN INDIVIDUALLY-OWNED ENTERPRISE? (Please see Q.1 in the 2016 income tax form instructions for more information)	YES	Νο
Q.2 IF YES TO Q1, ARE YOU A RESIDENT OF TIMOR LESTE FOR TAX PURPOSES? (Please see Q.2 in the 2016 INCOME Tax Form Instructions for more information)	YES	Νο
Will you be completing an income tax form for the year commencing January 2017?	YES	No
IF 'NO' PLEASE PROVIDE A REASON: Please specify dates of business closure/sale and all relevant details		
Description of main business activity:		

If your reg	istration deta		OF TAXPAYER DETAILS d please provide the ne	w details in the section below							
Change of taxpaye	taxpayer name: (You must provide documentary evidence to verify your change of name)										
1. Sole Traders	Family nam	e:	First name:	Other names:							
(Individual											
Enterprises)											
2. ALL OTHER	Registered I	Enterprise Name									
Enterprises (i.e.											
Unipessoal Lda,											
LDA, SA, etc)											
Change of											
trading name:											
Change of main	House/Bl	dg No:	Street name:								
trading address:		-									
Village:		Sub-district:		District:							

Change of address for correspondence:	House B	ldg No:	Street name:	
· ·				
Village:		Sub-district:		District:

2016 Income Tax Calculation

INCOME AND EXPENSES

Show all amounts in US Dollars only and do not show cents

Line

05

Section 1 - Income

Total/Gross income: (includes profits from sale/transfer of property)

VERY IMPORTANT: Please read the 2016 Income Tax Form Instructions for specific information on reporting your gross income at line 5. Failure to complete this line accurately will result in an incorrect calculation of your income tax for the 2016 tax year.

Section 2 - Expenses													
Note: For details on deductible expenses, please see the 2016 In information.	come '	Газ	x F	orn	n Ir	istr	uct	tion	is f	or f	fur	the	r
Purchases - Inventory and trading stock	10										•	0	0
					-	-	-						-
Tax deductible depreciation	15										•	0	0

Depreciation Schedule – please attach a separate schedule to this form if necessary.

			ourchased g 2016		lisposed of 19 and 1			Closi written		
Description of asset or pool	Value as at 01/01/2016	Cost	Date of purchase	Disposal date	Proceeds from disposal	Depr'n Rate	Calculated Depreciation	value 31/12/2		
poor	01/01/2010	Cost	purchase	une	disposar	Raic	Depreciation	51/12/.	2010	_
										_
										_
										_
										_
					·					
Tax deductible amor	rtisation of in	tangibles			20			•	0 ()
Tax deductible bad of	lebts (Please ref	fer to line 25 i	n the 2016 Inco	ome Tax Form	25				0 0	
Instructions before you enter					25			•	0 (J
Tax deductible forei	gn currency e	exchange l	osses		30			•	0 ()
									_	
Salary & wages					35			•	0 ()
										_
Contractor and sub-	contractor exp	penses			40			•	0 ()

National Directorate of Domestic Revenue

USD

Cents

0 0

	Line			L	JSD			Ce	ents	
Commission expenses	45						•	0	0	
Rent and/or lease expenses: (You must complete the contact details section										

below completely and accurately in order for your rent expense claim to be considered valid by the NDDR. Refer to line 50 in the 2016 Income Tax Form Instructions for further details.)

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		family:	e attach	ı sep	barat		et 11	-															
	Name:	House/Bldg No:		troot	Name		ist and	i Oui		mes	•												
		Village:	r.	succi	INAILIE		b-dist	riot.								Distri	at:						
	Address:	Tel No:				Su	U-uisi	net.								JISUI	сі.						
		Ter No:																					
Mo	otor vehicle ex	apenses										55									•	0	0
Re	pairs & maint	enance										60										0	0
															1	1							
Re	search & deve	elopment expenses	5									65									•	0	0
Sc	holarship, app	renticeship & trai	ning co	osts								70										0	0
															1	1							
Ro	yalties											75									•	0	0
		/transfer of prope	rty use	d fo	or bu	isines	s/in	con	ne			80									•	0	0
pro	oducing purpo	ses													1								
Ot	her tax deduct	ible expenses										110									•	0	0
	Ι	Provide details for												0 th	at e	exce	eds	\$100)0.		•		
Tyn	enditure Type		Plea	se a	ttac	h a se	para endit					quir	ed.										
P	enditure Type	1	15			Длр				•	0	0											
		1	20								0	0											
					ıI		 	! r!		-		1	1										
		1	25							•	0	0											

Total expenses (add lines 10 to 110)	135				•	0	0

0

0

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130

	Line	<u>USD</u>	Cents
2016 Net Income/Loss <u>before</u> deducting or adding carry forward losses (subtract line 135 from line 05)	140		. 0 0
Loss carried forward from 2015 – see the 2016 Income Tax Form Instructions Line 145 for further details. The NDDR Assessment unit must verify this amount in order for it to be considered valid.	145		. 0 0
2016 Taxable Income or Loss – see the 2016 Income Tax Form Instructions for details on how to calculate this figure.	150		. 0 0
Total Losses to carry forward to 2017 – see the 2016 Income Tax Form Instructions for more information.	155		. 0 0

Calculation of Income Tax Payable/Overpaid.

(Transfer your calculations of tax owing from page 7 of the 2016 Income Tax Form Instructions to the fields below.)

Income subject to income tax: (Transfer the amount at Line 150 to this line.)	160					•	0	0
Tax on income subject to income tax: (For details on how to calculate this figure, please see Line 165 in the 2016 Income Tax Form Instructions)	165					•	0	0

Calculation of Allowable Income Tax Credits

The TIN of the payer, including the amount paid from each TIN, is mandatory. No credit in line 180 - 205 will be allowed without this information.

(Note: For more information on lines 170 through 205, please refer to the 2016 Income Tax Form Instructions.)

								TI	IN o	f P	aye	er			
Foreign tax credits	170				•	0	0								
Income tax instalments paid	175				•	0	0								
Withholding Tax withheld from royalty income received	180				•	0	0								
Withholding Tax withheld from rental income received from land and/or buildings	185				•	0	0								
Withholding Tax withheld from building and construction income	190				•	0	0								
Withholding Tax withheld from construction consulting services income	195				•	0	0								
Withholding Tax withheld from air and sea transportation services income	200				•	0	0								
Withholding Tax withheld from mining and mining support services income	205				•	0	0								
Total credits: (Add amts at line 170 to 205)	215												•	0	0

	Line					USD)	 	ents	
Tax owing/overpaid: (Subtract amt at line 215 from amt at line 165)	220	R						•	0	0

If you have overpaid your 2016 income tax (that is, the amount at line 220 is negative) **circle the 'R'** appearing to the left of the field at line 220 above.

TAXPAYER'S DECLARATION:

IMPORTANT: First check that all income has been disclosed and that the income tax form is true and correct in every detail.

I, (FULL NAME)

DECLARE THAT THE PARTICULARS SHOWN IN THIS FORM AND ACCOMPANYING DOCUMENTS ARE TRUE AND CORRECT IN EVERY DETAIL AND DISCLOSE A FULL AND COMPLETE STATEMENT OF TOTAL INCOME DERIVED FOR TAX PURPOSES DURING THE YEAR ENDED 31 DECEMBER 2016 (OR APPROVED SUBSTITUTED ACCOUNTING PERIOD).

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Signature:		Date:						

National Directorate of Domestic Revenue Democratic Republic of Timor Leste

Payment Advice – 2016 Annual Income Tax Form

Enterprise Name:					TL	N:						
E-mail Address :												
Business Hours Tel	ephone No.:											
					1	<u> </u>				1		
	Income tax owing	225							•	0	0	
	This should be the same	culate	d at li	ne 22	20 ab	ove.				_		
	Total paid A/C 286539.10.001	230							•	0	0	

Note: Penalties will apply to payments made after the due date: 31 March 2017



Lodgment due by 31 March 2017 Payment if there has been a shortfall is due by 31 March 2017

Instructions on how to complete this form may be found on page 7

Total Gross Wages Paid		
Total Gross Amount of Wages Paid during 2016 tax year	05	

Wages Tax Reconciliation		
Total amount of wage tax payments made to the NDDR in respect of the 2016 tax year.	10	
Total amount of wage tax deducted from your employees wages in respect of the 2016 tax year.	20	
Difference (if line 20 exceeds line 10, this is a shortfall).	30	

If the amount that you have at line 10 is not the same as the amount at line 20, refer to instructions on page 7 about what to do.

Employee Information							
Total number of paid employees employed as at 31 December 2016.							
TAXPAYER NAME:	TIN:						
EMPLOYERS DECLARATION:							
I, (full name) declare that the information that I have provided on this form is true, complete and correct.							
Signature:							
Telephone Number: Date: //	_/						
National Directorate of Domestic Revenue							
Payment Slip – Wage income tax shortfall payment for the year ended 31 Decer	nber 20	16					
Amount Paid \$							
Bank Account N	umber:	286442.10.001					

GENERAL INSTRUCTIONS FOR COMPLETING YOUR ANNUAL WAGES INFORMATION FORM

This form must be completed if you paid wages to any of your employees for all or part of the year. The form must, generally, be completed at the end of the financial year and after any deductions for the last payment period have been paid. This form, together with any payment, is due on 31st March following the end of the tax year. If this day falls on a weekend or a public holiday, the form and any payment are due on the next business day.

If you have a shortfall payment to make you must make this payment at the same time that you make your annual income tax payment.

Total Gross Wages Paid: Enter the total amount of wages paid to all employees during the 2016 year.

Wages Tax Reconciliation:

- At line 10 enter the total amount of Wage Income Tax you paid to the NDDR during the 2016 year.
- At line 20 enter the total amount of Wage Income Tax you deducted from employees' wages during the year.
- At line 30 enter the difference between Line 10 and Line 20.

If Line 20 is greater than Line 10 you have a shortfall and must pay the amount using the payment slip on page 6. If Line 20 is less than Line 10 you have an overpayment and should seek advice at a NDDR District Office.

Employee Information: Enter the number of employees you had employed as at 31 December 2016. This includes both those employees who were subject to wage tax and those who were not.

Taxpayer Name: Enter the Registered Taxpayer name and TIN number here.

Employers Declaration: Enter your name, signature and the date.

Payment Slip: If you have a payment to make, complete this section and present three (3) copies of the form with payment at a branch of the BNU.

If you do not have a payment to make you must deliver two (2) copies of the form to one of the National Directorate of Domestic Revenue (NDDR) District offices which are located as follows:

- In Dili: Estrada de Balide, Matadouro Obrigado Barrak 2,
- In Baucau: Vilanova Street, and
- In Maliana: Holsa Street.

If you require further assistance with completing this tax form please telephone the NDDR (Dili) on 3331208, 3311252 and 3310059. Alternatively you may wish to visit the NDDR between the hours of 8.30am and 5pm, Monday to Friday, public holidays excluded, at one of the District Offices listed above.

NOCRATICA DA	<u>APPENDIX 2</u> : FORM TO FILLING FOR FINAL WITHOULDING TAX	FORM
ALL	SPECIAL THIS FORM ONLY IN ITS CONTENTS TO THE SERVICE CONSTRUCTION ACTIVITIES, CONSTRUCTION CONSULTING SERVICES SERVICES TRANSPORTATION AND AIR AND MINING SERVICES	No. DNRD WTH 2. 2016
	APPLYING THIS FORM ANNUAL TAX DECLARATION REGULATION NO.8 / 2008 ARTICLE 61.3 OF ACQUIRED IN TAX REVENUE 2016. STATEMENT OF THE RIGHT OF WITHOULDING TAX THAT HAS BEEN DONE ON INCOME STATEMENT OF ACTIVITIES INCLUDING THE ANNUAL TAX 2008/8 ARTICLE 53.	
<u>NEW VERSION</u> ENGLISH	Tax Payer Name Year 2016	/2016
	TIN :	

Choose one (select ALL or SOME as appropriate):

□ ALL of the income the company received was subject to proper Withholding and the company elects <u>FINAL</u> <u>WITHHOLDING</u> in lieu of filing an Income Tax Return.

OR

 \Box **SOME** (but not ALL) of the income the company received was subject to proper withholding, and the company is reporting only that income subject to proper withholding on this form. The company is also filing an <u>INCOME</u> <u>TAX RETURN</u> to report the income received that was not subject to proper withholding

THE TYPE OF SERVICES PROVIDED BY THE COMPANY (CHECK APPLICABLE):

Please to read: Tax Guide Annual Income line: 195-205

□ Carrying on construction or building activities (2%)

- □ Providing construction consulting services (4%)
- □ Providing air or sea transportation services (2, 64%)
- \Box Carrying on mining or mining support services (4, 5%)

PAYER INFORMATION (must be completed):

PAYER WHO WITHHELD ON MY PAYMENTS: (MINISTRY, OTHER COMPANY, ORGANIZATION, ETC.) PAYER TIN :_____

PAYER NAME : _____

AMOUNT RECEIVED (NET) AFTER WITHHOLDING WAS DONE: \$_____

If more than one PAYER, attach list of additional PAYERs and the information above for each. If you are claiming self-withholding, you must attach a copy of every CONSOLIDATEDMONTHLY TAXS FORM where the company reported and paid self-withholding.

I certify that all of the income listed on this form was subject to the proper rate of withholding BY THE PAYER and that, under Section 61.3 of the Tax and Duties Act of 2008, the company elects this as Final Tax on this income in lieu of filing an Income Tax Return.

Declaration Tax Payer :

I Declare that all information contained income on this form is true has been subject to withholding by the payer. That under article 61.3 of tax law in 2008. The company chose as the final withholding tax on this income in lieu of filing income tax return. If in the future it was not true then I am willing and responsible in accordance with the applicable legislation.

NAME COMPANY	:
TIN	:
DIRECTOR	:
TELPHONE	:
EMAIL ADRESS	:
DATE	:/2017
SIGNATURE	:

USE FOR OFFICIAL ONLY

Staff Name : _____

Position : _____

Form Receipt Date : ____ / ____ / 2017

Signature of Staff : _____

If you require or further assistance filling out tax forms this please contact this phone DNID (Dili) on the contact number 331208/3311252 and 3310059. Or you can visit DNID during office hours between 08:00 am to 17:00 pm, from Monday to Friday.

ATTENTION TO ALL TAX PAYERS

Deadline reports Annual Income Tax Form (AIT) to Tax Withholding Date no later than <u>March 31, 2017.</u>