

# ANNUAL INCOME TAX FORM FOR THE PERIOD 1 JANUARY 2018 TO 31 DECEMBER 2018

<b>NDDR</b>
FORM NO
NDDR-IT 1
(2018)

D T L	Taxpayer Name:	TIN:	(2018)

If you were not in bus specify the period tha						ounting period, ————
Q.1 ARE YOU AN INI (PLEASE SEE Q.1 IN THE 20 INFORMATION)					YES	No
Q.2 IF YES TO Q1, AF LESTE FOR TAX PURP TAX FORM INSTRUCTIONS I	OSES? (PLEASE	SEE Q.2 IN THE 2018 IN			YES	No
Will you be completing commencing January		ax form for the yea	ar		YES	No
IF 'NO' PLEASE PRO' Please specify dates or relevant details						
Description of main b	ousiness activit	y:				
		CHANGE O	F TAX	PAYER DETAILS		
						in the section below
Change of taxpaye	er name: (Yo	ou must provide d	docum	entary evidence	to verify	your change of name)
	T					
1. Sole Traders	Family nam	e:	First	name:		Other names:
(Individual						
Enterprises) 2. ALL OTHER	Dogistared	Enterprise Name:				
Enterprises (i.e.	Registered	Emerprise Name.	•			
Unipessoal Lda,						
LDA, SA, etc)						
Change of						
trading name:						
Change of main trading address:	House/B	ldg No:	Street	name:		
Village:		Sub-district:			District:	
	T	, , , , , , , , , , , , , , , , , , ,				
Change of address	House B	ldg No:	Street	name:		
for correspondence Village:	e:	Sub-district:		Т	District:	

## **2018 Income Tax Calculation**

Tax Authority of Domestic Revenue

#### INCOME AND EXPENSES

	Show all	l amounts			nd do not sl	ov	v ce	ents									
			Section	1 - Income					т	ICD				C-	. 4 -		
					<u>Line</u>				<u> </u>	JSD	<u>)</u>			Ce	<u>nts</u>		
Total/Gross income	: (includes profi	ts from sale/tr	ansfer of prope	erty)	05								•	0	0		
VERY IMPORTANT: for specific information complete this line accur income tax for the 2018	on reporting y cately will resul	your gross i	ncome at line	5. Failure t													
				2 - Expense													
Note: For details	on deductibl	e expense		ee the 2018 mation.	Income Ta	x F	`orı	m I	nstr	uct	tion	s fo	r fu	the	r		
															1 1		
Purchases - Inventor	y and trading	stock			10								•	0	0		
Tax deductible depre	eciation				15									0	0		
Deprecia	tion Schedul					is f	orr	n if	nec	ess	ary	7.					
			ourchased g 2018		lisposed of g 2018									osing			
Description of asset or pool	Value as at 01/01/2018	Cost	Date of purchase	Disposal date	Proceeds from disposal		Depi Rat		_	alcu			written down value as at 31/12/2018				
Tax deductible amor	tisation of in	tangibles			20								•	0	0		
Tax deductible bad of Instructions before you enter	•		n the 2018 Inco	ome Tax Form	25									0	0		
Jerus Jerore you once		/					-	1					I	1			
Tax deductible foreig	gn currency e	exchange l	osses		30								•	0	0		
Salary & wages					35									0	0		
Contractor and sub-c	contractor ext	penses			40	,								0	0		

			Line				, ,	<u>USI</u>	<u> </u>	 (	Cen	<u>ts</u>
Commission expe	enses		45							•	0	0
completely and accurate	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 2018 Income Tax Form Instructions for further details.)									•	0	0
Landlord con	tact details: (Please attac	h separate sheet if required)										
Name:	Family:	First and Other Names:										
	8	Street Name:										
Address:	Village: Tel No:	Sub-district:			Di	istrict	:					-
M-41:-1											^	_
Motor vehicle exp	penses		55							•	0	0
Repairs & mainte	nance		60							•	0	0
Research & devel	65							•	0	0		
Scholarship, appr	enticeship & training o	eosts	70								0	0
Royalties			75								0	0
Losses from sale/sproducing purpose	·	ed for business/income	80							•	0	0
			1		<u> </u>							
Other tax deducti	ble expenses		110							•	0	0
Pr		expense included in the total a ase attach a separate sheet if r			at e	xcee	eds \$	<b>5100</b> 0	٠.			
L Expenditure Type	1 16	Expenditure Amount	equii eu	•								
	115		0									
	120		0 0									
	125		0 0									
	130		0									
Total expenses (a	add lines 10 to 110)		135								0	(

	<u>Line</u>	<u>USD</u>	<b>Cents</b>
2018 Net Income/Loss <u>before</u> deducting or adding carry forward losses (subtract line 135 from line 05)	140		. 0 0
<b>Loss carried forward from 2017</b> – see the 2018 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
<b>2018 Taxable Income or Loss</b> – see the 2018 Income Tax Form Instructions for details on how to calculate this figure.	150		. 0 0
<b>Total Losses to carry forward to 2018</b> — see the 2018 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 2018 Income Tax Form Instructions to the fields below.)

<b>Income subject to income tax:</b> (Transfer the amount at Line 150 to this line.)	160					•	0	0	
<b>Tax on income subject to income tax:</b> (For details on how to calculate this figure, please see Line 165 in the 2018 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 2018 Income Tax Form Instructions.)

(Note: For more information on mes 17	0 0111 0 018	<u> 00 , </u>	prou	 	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 		<u> </u>	IN c			-200)		
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	(

	<u>Line</u> <u>U</u>										Ce	nts_
<b>Tax owing/overpaid:</b> (Subtract amt at line 215 from amt at line 165)	owing/overpaid: (Subtract amt at line 215 from amt at line 220 R										0	0
If you have overpaid your 2018 income tax (that is, the amount at line 220 is negative) <b>circle the 'R'</b> appearing to the left of the field at line 220 above.									the			
TAXPAYER'S DE												
IMPORTANT: First check that all income has bee true and correct in				at the	e inco	me	tax	for	m i	S		
I, (FULL NAME)												
DECLARE THAT THE PARTICULARS SHOWN IN DOCUMENTS ARE TRUE AND CORRECT IN EVEN COMPLETE STATEMENT OF TOTAL INCOME IN THE YEAR ENDED 31 DECEMBER 2018 (OR APPERIOD).	ERY DE'	TAII D FO	AND R TAX	DISC X PUI	CLOS RPOS O ACO	E A SES I	FUI DUI NT	LL A	G F	•		
Signature:		Γ	Date:									
Tax Authority of Domestic Revenue Democratic Republic of Timor Leste												
Payment Advice – 2	<u>2018 An</u>	<u>nual</u>	Incon	ne Ta	x Fo	<u>rm</u>						
Enterprise Name:					TI	N:						
E-mail Address:								<u> </u>				
<b>Business Hours Telephone No.:</b>												
Business Hours Telephone No.:  Income tax owing	22	5							•	0	0	

Note: Penalties will apply to payments made after the due date: 31 March 2019



# **Employer's Annual Wage Income Tax Withholding Information Form**

NDDR Form No. NDDR-WR1 (2018)

05

10

#### Lodgment due by 31 March 2019 Payment if there has been a shortfall is due by 31 March 2019

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

Total Gross Wages Paid

**Wages Tax Reconciliation** 

Total amount of wage tax deducted from your employees wages in respect of the 2018 tax year.	20	
<b>Difference</b> (if line 20 exceeds line 10, this is a shortfall).	30	
f the amount that you have at line 10 is not the same as the amount at line 20, refer t bout what to do.	to inst	ructions on page 7
Employee Information		
Total number of paid employees employed as at 31 December 2018.		
TAXPAYER NAME:	TIN:	
EMPLOYERS DECLARATION:		
I, (full name) declare the have provided on this form is true, complete and correct.	at the	information that I
Signature: E-mail Address:	•••••	•••••
Telephone Number:	/	
Tax Authority of Domestic Revenue		
Payment Slip – Wage income tax shortfall payment for the year ended 31 December	ber 20	18
Amount Paid \$		
Bank Account Nu	mber:	: 286442.10.001

Total Gross Amount of Wages Paid during 2018 tax year

Total amount of wage tax payments made to the NDDR in respect of the 2018 tax year.

#### 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 31<sup>st</sup> 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 2018 year.

#### **Wages Tax Reconciliation:**

- At line 10 enter the total amount of Wage Income Tax you paid to the NDDR during the 2018 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 2017. 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: Ministerio das Finanças, Rua Aitarak laran
- 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 74002028 and 77009024. 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.

#### APPENDIX 2: FORM TO FILLING FOR FINAL WITHOULDING TAX **FORM** No. DNRD SPECIAL THIS FORM ONLY IN ITS CONTENTS TO THE SERVICE WTH 2, 2018 CONSTRUCTION ACTIVITIES. CONSTRUCTION CONSULTING SERVICES SERVICES TRANSPORTATION AND AIR AND MINING SERVICES APPLYING THIS FORM ANNUAL TAX DECLARATION REGULATION NO.8 / 2008 ARTICLE 61.3 OF ACQUIRED IN TAX REVENUE 2018. STATEMENT OF THE RIGHT OF WITHOULDING TAX THAT HAS BEEN DONE ON INCOME STATEMENT OF ACTIVITIES **INCLUDING THE ANNUAL TAX 2008/8 ARTICLE 53. NEW VERSION** Year: / 2018 until: / Tax Paver Name: **ENGLISH** 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> WITHHOLDING in lieu of filing an Income Tax Return. OR □ **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 INCOME TAX RETURN 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%) ☐ 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

Tax Authority of Domestic Revenue

TIN	:	
DIRECTOR	:	
TELPHONE	:	
EMAIL ADRESS	<b>:</b>	
DATE	:/2019	
SIGNATURE	:	
	USE FOR OFFICIAL ONLY	
Staff Name	:	
Position	:	
Form Receipt Date	:/ 2019	
Signature of Staff	:	
_	and 77009024. Or you can visit DNID during office hours between 08:00 are Friday.	

### **ATTENTION TO ALL TAX PAYERS**

Deadline reports Annual Income Tax Form (IT) to Tax Withholding

Date no later than March 31, 2019.