



GAMBIA REVENUE AUTHORITY

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Republic of The Gambia

CORPORATE INCOME TAX RETURN

(To be completed by Companies, Partnerships and Bodies of Persons Etc.)

FOR THE YEAR/PERIOD FROMTO.....

TIN	
NAME	
POSTAL ADDRESS	
PHYSICAL ADDRESS	_____
TELEPHONE NUMBER(S)	_____
FAX	_____
EMAIL	

You are hereby required under Section 80 (1) of the Income and Sales Tax Act, 2004 to make a return in the form here provided to be delivered to me not later than.....20.....showing the whole of your income from all sources accruing in, derived from, brought into or received in the Gambia during the year/period stated above and such further information as as may be required in this form

Commissioner-General

FOR OFFICE USE ONLY

YEAR OF ASSESSMENT.

SECTOR CODE

.....
RECEIVING OFFICER

.....
DATE RECEIVED

BALANCE SHEET AS AT YEAR END (DAY/MONTH/YEAR)

1. Current Assets		5. Current liabilities	
a. Stocks/Inventories		a. Creditors	
b. Cash and Bank		b. Accruals	
c. Debtors		c. Other Current Liabilities	
d. Other Current Assets		6. Long Term Liabilities	
2. Other Assets		7. Other liabilities	
3. Fixed Assets		8. Shareholders/Partners Fund	
4. TOTAL ASSETS		TOTAL LIABILITIES & FUND	

PROFIT AND LOSS STATEMENT

9. COMPUTATION OF GROSS INCOME		
a. Business Income		
b. Property Income		
c. Other Income		
10. Gross Income		
a. Opening Stock		
b. Add Purchases		
c. Less Closing Stock		
11. Cost of Sales		
12. Gross Profit (10 minus 11)		
13. Expenses		
a. Operating Expenses		
b. Salary/Wages		
c. Fringe Benefits Tax		
d. Foreign Exchange Losses		
e. Interest Expense (for non-financial institutions)		
f. Depreciation		
g. Other Costs and Expenses (attach Schedule)		
14. Total Expenses (Sum 13a to 13g)		
15. NET PROFIT/LOSS (12 minus 14)		
COMPUTATION OF BUSINESS INCOME		
16. NET PROFIT/LOSS (FROM 15)		
17. Add Back unallowable deductions		
18. Less Exempt Income etc.		
19. Assessable Income (Sum 16 to 18)		
20. Less Allowable Deductions		
a. Capital Allowances (from 36)		
b. Other deductions		
c. Losses brought forward		
21. Total Allowable Deductions (20 a+b+c)		
22. CHARGEABLE INCOME (19 minus 21)		
23. Tax at rates in 1st Schedule 33%		
24. Tax on Turnover (Business Income) 1.5% [], 2.5% []		
25. Tax Liability (The higher of 23 and 24)		
26 a. Over payment		
b. Foreign Tax Credit		
Sub-Total (Sum 26a and 26b)		
27. Actual Tax Due (25 minus 26)		
28 Withholding Tax Credit		
29 Instalment Payments		

30 Sub-Total (Sum 28 and 29)		
31. Net Tax Payable/Overpaid (26 minus 29)		

CAPITAL ALLOWANCES SUMMARY	AMOUNTS
32. Total Current Year Capital Allowances	
33. Additional Capital Allowances	
34. Capital Allowances Brought Forward	
35. Total Capital Allowances Due (Sum 32 to 34)	
36. Capital Allowances Utilised for Current Year	
37. Unutilised Capital Allowances Carried Forward (34 minus 35)	

DETAILS OF EXEMPT INCOME, INCOME TAXABLE AT DIFFERENT RATES & OTHER PAYMENTS				
Type of Income/Gain/Payment	Amount	Tax Rate	Basis	Tax Liability
Residential Rent Income				
Dividend				
Interest				
Income From Trusts				
Capital Gains				
Fringe Benefits				
TOTAL				

PARTICULARS OF REMUNERATION OF DIRECTORS					
Name	TIN	Directors Fees	Salary	Other Allowances	Total

PARTICULARS OF RENTS PAID ON GAMBIA PROPERTY				
Full Name and Address of Landlord	Locational Address of Property	Date Tenancy Began	Annual Rent	Rent Paid During the Year

DISTRIBUTION OF PARTNERSHIP INCOME					
Name and Address of Partner	Dormant or Active	Salary	Interest on Capital	Sharing Ratio	Partners Share of Balance

PARTICULARS OF ANY LOSSES MADE OR CARRIED FORWARD

Year of Loss	Loss Made	Loss Set-off	Loss Outstanding	Years left to Set-off

NOTE: You cannot carry forward losses beyond six(6) years.

DECLARATION

I..... (Full Name)having been duly authorised do hereby declare that this return and accompanying schedules and statements are a full, just, true and correct account of income from all sources and all liabilities to tax during the year/period under review of

for the period _____ to _____

Signature.....Date.....

Designation/Position.....

Address:.....

If you need any assistance or information regarding this form please contact the nearest Tax Office at any of the places listed below.

OFFICE	LOCATION	TEL. NUMBER
The Gambia Revenue Authority Head Office		
Banjul Tax Office		
Kanifing Revenue Office		
Brusubi Tax Office		
Brikama Tax Office		
BrikamaBa Tax Office		
Barra Tax Office		
Basse Tax Office		
FarafenniTax Office		
Soma Tax Office		
Tallinding tax Office		