

GAMBIA REVENUE AUTHORITY



Republic of The Gambia

INDIVIDUAL INCOME TAX RETURN

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 ASST.

SECTOR CODE

.....
RECEIVING OFFICER

.....
DATE RECEIVED

REPUBLIC OF THE GAMBIA
GAMBIA REVENUE AUTHORITY
INDIVIDUAL INCOME TAX RETURN

PERSONAL DETAILS

1. Name.....

2. Business Name.....

3. Office Postal Address

4. Office Physical Address

5. Residential Address

6. Email Address 7. Telephone Number(s)

PARTICULARS OF SOURCE(S) OF INCOME

7. Position (if an employee) held _____

8. Nature of business (If not employee) _____

9. Name and Address of employer _____

10. Employer TIN _____

11. Principal Business Name & Location (if non-employee) _____

12. Principal Business activity _____

13. Type of Accounting Method used Accrual Cash

INCOME STATEMENT IN GAMBIA DOLLARS (GMD)

| EMPLOYMENT INCOME | 14. Salary/Wages | | |
|--------------------------------------------------------|----------------------------------------------|--|--|
| | 15. Allowances | | |
| | 16. Overtime | | |
| | 17. Bonus | | |
| | 18. Commissions | | |
| | 19. Others (Specify) | | |
| | 20. Gross Emoluments (Sum 14 to 19) | | |
| | | | |
| BUSINESS INCOME | 21. Turnover/sales | | |
| | 22. Deduct a. Cost of Sales | | |
| | b. Business Expenses | | |
| | 23. Total Deductions | | |
| | 24. Net Business Income (21 minus 23) | | |
| 25. TOTAL INCOME FROM ALL SOURCES (Sum 20 + 24) | | | |
| COMPUTATION OF TAXABLE INCOME | | | |
| 26. Total Income from all Sources (From 25) | | | |
| | 27. unallowable deductions | | |
| 28. Assessable Income (26 plus 27) | | | |
| | 29. Capital Allowances | | |
| | 30. Other deductions | | |

| | | | | |
|----------------------------------------------------------------|---------------------------------------------|--------------------|-------------|---------------------------|
| | 31. Loss brought forward | | | |
| | 32. Sub-total (Sum 29 to 31) | | | |
| 33. Chargeable income (28 minus 32) | | | | |
| TAX PAYABLE | | | | |
| | 34. Tax at rates in 1st Schedule | | | |
| | 35. Tax on Total Turnover 1.5% [] 2.5% [] | | | |
| 36. Tax Liability (The higher of 34 and 35) | | | | |
| | 37. Over payments | | | |
| | 38. Foreign Tax Credit | | | |
| | 39. Sub-Total (37 plus 38) | | | |
| 40. Actual Tax Due (36 minus 39) | | | | |
| | 41. Withholding Tax Credit | | | |
| | 42. Instalment Payments | | | |
| | 43. Direct Tax Paid/Deposit | | | |
| | 44. Sub-Total (51 plus 52) | | | |
| 45. Net Tax Payable/Overpaid (40 minus 44) | | | | |
| DETAILS OF EXEMPT INCOME OR INCOME TAX AT SPECIAL RATE | | | | |
| Type of Income/Gain/Payment | Amount | Tax Rate | Basis | Tax Liability |
| Commercial Rent Income | | | | |
| Residential Rent Income | | | | |
| Dividend | | | | |
| Interest | | | | |
| Income From Trusts (3rd Year) | | | | |
| Capital Gains | | | | |
| | | | | |
| PARTICULARS OF RENTS RECEIVED | | | | |
| Description of Building and Locational Address | Name and Address of Tenant | Cost of Property | Gross Rent | Property Use |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| PARTICULARS OF RENTS PAID | | | | |
| Full Name and Address of Landlord | Locational Address of Property | Date Tenancy Began | Annual Rent | Rent Paid During the Year |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| PARTICULARS OF ANY BUSINESS LOANS TAKEN DURING THE YEAR | | | | |

| Name and Address of Lender | Value of Loan | Interest paid during the year | How the loan was used |
|----------------------------|---------------|-------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

PARTICULARS OF ANY BUSINESS ASSETS, STOCKS AND SHARES SOLD DURING THE YEAR

| Type of Asset | Name and Address of Purchaser | Date Acquired | Cost | Date of Disposal | Amount Realised |
|---------------|-------------------------------|---------------|------|------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PARTICULARS OF ANY LOSSES MADE OR CARRIED FORWARD

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

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

DECLARATION

For Persons making the Return on their own behalf

I..... do hereby declare that this return and accompanying schedules and statements are a full, just, true and correct account of all my income from all sources and all my liabilities to tax during the year/period under review.

Thumb Print

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

For Persons making the Return On behalf of another Person

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

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

Relationship to Taxpayer.....

Address:.....

PLEASE CONTACT THE NEAREST GAMBIA REVENUE AUTHORITY OFFICE IF YOU NEED ANY ASSISTANCE IN COMPLETING THIS FORM

GAMBIA REVENUE AUTHORITY

Republic of The Gambia

CAPITAL GAINS TAX RETURN

By virtue of the provisions of Chapter III of the Income and Sales Tax Act, 2004(No.19) you are hereby required to submit a Return giving particulars of any of the chargeable assets listed below wherever situated in the world if you are resident in Gambia and in the case of non-residents for assets situated in the Gambia only, which have been sold or otherwise disposed of under Section 105 of the Act.

Chargeable Assets

- (i) Any land, building or other structural improvement to land*
- (ii) Any plant, machinery, fixture or equipment*
- (iii) Any share, security or other financial asset*
- (iv) Any interest in a partnership*
- (v) Part of, or any right, title or interest in an asset referred to in sub-paragraph (i), (ii), (iii) or (iv).*

This form must be furnished to the Commissioner-General within thirty days of the disposal or realisation

Commissioner-General

PARTICULARS OF OWNERSHIP OF CHARGEABLE ASSET

RESIDENCE STATUS

TIN

1 Name of person disposing of the Asset.....
Postal Address
Occupation (in case of Individual)

2 Name of new owner
Postal Address
TIN

FOR OFFICE USE ONLY

YEAR OF ASSESSMENT

RECEIVING OFFICER

DATE

PARTICULARS OF CHARGEABLE ASSET

3 Description of Chargeable Asset

Address/Location of Asset

4 Costs and Dates of Acquisition/Construction

Cost of undeveloped land

Date

Cost of Construction

Date

Cost of Acquisition

Date

5 Details of Improvements and Alterations

| Dates | Description | Cost |
|-------|-------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

6 Details Of Realisation Costs

| Dates | Description | Recipient Name & TIN | Amount |
|-------|-------------|----------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7 COMPUTATION OF TAXABLE GAIN AND TAX

Consideration Received

Deduct

Cost of Acquisition

Cost of Alteration

Realisation Costs

Capital Gain

Deduct Cost of New Acquisitions (Sections 108/109)

Taxable Gain
% of Taxable Gain
% of Consideration
 Tax Charged
 Deduct Foreign Tax Credit
 Capital Gains Tax Due

DECLARATION

For Persons making the Return on their own behalf

I..... do hereby declare that the
 the particulars in this return are full, just, true and correct.
 Signature..... Date.....

For Persons making the Return On behalf of another Person

I.....having been duly authorised do hereby
 declare on behalf of..... that the
 particulars in this return are full, just, true and correct.
 Signature.....Date.....
 Relationship to Taxpayer.....
 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 | | |
| Large Taxpayers Unit | | |
| Banjul Tax Office | | |
| Serekunda Tax Office | | |
| Bakau Tax Office | | |
| Brikama Tax Office | | |
| BrikamaBa Tax Office | | |
| Barra Tax Office | | |
| Basse Tax Office | | |
| Farafereh Tax Office | | |