

RETURN OF INCOME – PARTNERSHIP

YEAR OF ASSESSMENT : 2017/2018

Tax	xpayer Identification Number (TIN)										
			A	Address								
Dat	te of Issue:			Due Date:								
	Notice under Section 76(3) and Form spec Declare income and other particulars for ye You are required to complete this form, with office on or before 30th November, 2018. Please note that penalties are imposed on	and schedules where										
PAI												
	Name, Nature and Address of the Bus	siness										
	e of the Business 100				1	100	ТТ					
	the Business 110			Activity C	ode	120						
	ress of the Business 130											
r	Profit/Loss of Business			1.40		гг	П					
<u> </u>	t (or Losses) of the Partnership (after making adju		140									
	Deductions terest											
	Name of the Recipient	Amount of the Loan (Rs.)	Purpose of the Loan	Period for which Payment is made		In	terest Pa (Rs.)	d				
	151	152	153	154			(ICS.) 155					
.1												
.2 .3								┢──┼──				
				Sub Total 156								
(ii) A	nnuities, Ground Rent & Royalties Name of the Recipient	Daried for wh	ich Payment is made	Date of Payment		Amo	unt Paid	(\mathbf{p}_{α})				
	157	Tenod for with	158	159		Allio	(RS.)					
.1												
.2 .3								┢──┝─				
••				Sub Total 161								
Tota	l Deductions (156 + 161)			162								
04. I	Divisible Profit/Loss (140 - 162)			170								
	Other Income (In relation to interest, declare o) of the Inland Revenue Act)	-	Ũ		cted at		-		133			
	Other source of income 171		Name and Address or 172	f Payer (if any)		In	come (Rs 173	.)				
.1	1/1		1/2									
.2												
.3				Sub Total 174				\vdash				
06 7	Fotal Divisible Profit and Other Income (1	170 ± 174)		174 Sub 10tal 174								
	: if Cage 170 is a Loss, Cage $175 = 174$	-175										
07. Deductions from Divisible Profit and Other Income (if any) Amount of cage 175 or Rs.1M whichever is lower 176												
	Faxable Divisible Profit (175 - 176)Minimu		177									
	Partnership Tax $(177 \times 8\%)$	in amount in and cage cannot be it	200 11011 2010	180				\vdash				
J. I	$\frac{1}{1} \frac{1}{1} \frac{1}$			160								



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10. Deductions of Pre-payments and Tax Credits

	Date of ESC installment paid			E	SC P (Rs.					Date of Partnership Tax payment		Pa	artne	<mark>rshi</mark>	<mark>p Ta</mark>	<mark>x Pa</mark>	u <mark>id (l</mark>	<mark>Rs.)</mark>		Date of WHT payment			HT P (Rs.)				
	181	182								183			184 185									186					
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.2																											
.3																											
.4																											
.5																											
					187	7									188	3							189				
	Total		Total										Total														
Tota	Total Deductions of Pre-payment and Tax Credit (187 +188+189) 190 190																										

11. Balance Payable Deduct total amount of tax paid in Cage 190 (187+188+189) from Cage 180 and enter the balance in Cage 200

If ESC paid by the partnership is more than the 8% partnership tax payable, then there is no chargeability to partnership tax, and if the 8% partnership tax payable is more than the ESC paid, then the chargeability to partnership tax is the excess of partnership tax over the ESC paid.

200

Please note that there is no brought forward tax credit to the partnership from previous year of assessment as all tax credits are to be claimed by respective partners against the tax liability of partnership subjected to the conditions specified in the Act.

Total Tax Payable (180-190)

12. Income Tax Credits Available for Partners

One row for each partner in the 3 tables below.

Basic information of each Partner																																									
	Name of Partner											N.I.C. No.							N of	Par	tne	r												C	urre			Bala	nce		
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		yables													320																										
Paya	ble t	o Rela	ated P	Parties	8									3	21																										

I, being Precedent Partner/Agent, of the Partnership as mentioned above declare that the particulars given in this Return are true and correct to the best of my knowledge.

Please note that penalty will accrue for non-payment of taxes on or before the due date.

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Full Name of the D	eclar	ant									 	 										 	
Official Address											 	 										 	
Residential Address										·	 	 										 	
National Identity Ca	ard N	lo.										 										 	
Telephone No.							\square	Mobil No								Е	mail				 		
Signature									 	 	 	0	FI	FT([']		FI	RAN	K]		
Date	D	D	/ 1	M	Μ	/	YY	Y Y	Y		 	 									 	 i	