



For Office Use

DLN	
Date	

STATEMENT OF ESTIMATED TAX PAYABLE

YEAR OF ASSESSMENT: 2023/2024

Taxpayer Identification Number (TIN)	
	Address

Date of Issue:	Due Date: 15th August, 2023
<p>You may read the instructions provided before completing this Statement of Estimated Tax (SET) Payable. The Statement of Estimated Tax Credit Schedule which should be filed on or before the due date of each instalment is a part of the SET.</p>	
(Please '✓' mark the relevant cages)	

STATEMENT TYPE	: Original Statement	<input type="checkbox"/>	Revised Statement	<input type="checkbox"/>		
INCOME TAX TYPE	: Corporate	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Partnership	<input type="checkbox"/>

PART – I: CALCULATION OF ESTIMATED TAX PAYABLE										
Sources of Income	Cage	Rupees								Cents
Employment	10									
Business	20									
Investment	30									
Other Income	40									
Estimated Assessable Income (10+20+30+40)	50									
Total Estimated Qualifying Payments	60									
Total Estimated Reliefs	70									
Estimated Taxable Income (50-60-70)	80									
Estimated Tax Liability (Refer to Part II)	90									
Estimated Foreign Tax Credits	100									
Estimated Advance Personal Income Tax (APIT)	110									
Estimated Tax Payable (90-100-110)	120									

PART – II: COMPUTATION OF ESTIMATED TAX LIABILITY

Nature of the Activity	Cage	Estimated Taxable Income	Tax Rate	Cage	Estimated Tax Liability
	80.1			90.1	
	80.2			90.2	
	80.3			90.3	
	80.4			90.4	
	80.5			90.5	
	80.6			90.6	
	80.7			90.7	
	80.8			90.8	
	80.9			90.9	
Total	80.10			90.10	

(Enter value of the cage 90.10 in the cage 90 of the estimated tax payable)

PART III : DECLARATION

Whether the statement or part of the statement is prepared by an Approved Accountant or any other person for a payment?

YES NO

(If “Yes”, fill PART - A and attach the certificate/s issued by such person.)

PART (A) : DETAILS OF APPROVED ACCOUNTANT/ ANY OTHER PERSON

Name																									
Designation																									
Telephone Number													Mobile												
E-Mail																									
Date of the Certification	D	D	/	M	M	/	Y	Y	Y	Y															

*If more than one person involved, use a separate sheet to fill the above details and attach to the statement.

PART (B) : DECLARATION

I declare to the best of my knowledge that the Statement does not contain any incorrect, false or misleading information.

Full Name of the Declarant																									
Designation																									
(Managing Director/ Head of the Department/President or Active Partner/Director of Finance/ Director/Secretary /Trustee/Accountant/Administrative Officer/Principal Officer/ Duly Authorized Agent)																									
Telephone Number													Mobile												
E-Mail																									
Signature													OFFICIAL FRANK												
NIC Number/ Passport No.																									
Date	D	D	/	/	M	M	/	/	Y	Y	Y	Y													

This Statement of Estimated Tax payable form has been specified by the Commissioner General of Inland Revenue and required to be filed under section 91 of the Inland Revenue Act, No.24 of 2017.

For further information – Visit www.ird.gov.lk → download → Forms & Returns → Statement of estimated Income tax payable – Year of Assessment 2023/2024

*The completed form should be returned to **Central Document Management Unit (CDMU)** at the **Inland Revenue Department (IRD) Head Office or any IRD Regional Office** on or before **15th August 2023**.*

*Please note that penalties shall be imposed on any person for making an **incorrect statement** (if it has not been revised) **false or misleading statement, not submitting the statement or non-payment of quarterly payments on due dates.***



බදු - වඩා හොඳ අනාගතයකට
வரிகள் - வளமான எதிர்காலத்திற்காக
TAXES - FOR A BETTER FUTURE

