FORM TR-YEND
Tax Department

ANNUAL TAX RECONCILIATION RETURN

For the Tax Year Ending December 31, 20____

CONFIDENTIAL

PART I: TAXPAYER / EMPLOYER IDENTIFICATION

Employer Name:		**Tax Registration No:**	
Address:		**Email Address:**	
Contact Person:		**Phone Number:**	

PART II: GROSS INCOME & EMOLUMENTS SUMMARY

Code	Description of Income / Remuneration	Amount
101	Total Gross Salary, Wages, and Commissions	
102	Bonuses, Gratuities, and Leave Pay	
103	Housing, Car, and Other Taxable Allowances	
104	Other Non-Cash Benefits (Value of Fringe Benefits)	
105	**Total Gross Income (Sum of 101 to 104)**	

PART III: ALLOWABLE DEDUCTIONS & EXEMPTIONS

Code	Description of Deduction	Amount
201	Contributions to Approved Pension / Retirement Schemes	
202	Approved Social Security & Health Insurance Contributions	
203	Personal Relief / Allowable Exemptions	
204	Other Approved Deductions (Specify in Schedule)	
205	**Total Deductions & Exemptions (Sum of 201 to 204)**	

PART IV: TAX CALCULATION & RECONCILIATION

Code	Calculation Line	Amount
301	**Net Chargeable Income (Code 105 minus Code 205)**	
302	Annual Income Tax Liability (According to Tax Schedule)	
303	Total Tax Deducted & Remitted Throughout the Year (PAYE)	
304	**Shortfall / Tax Due (If Code 302 is greater than Code 303)**	
305	**Overpayment / Refund Claimed (If Code 303 is greater than Code 302)**	

PART V: DECLARATION & SIGNATURES

I declare under penalty of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief, is true, correct, and complete.

Authorized Representative / Taxpayer Signature

Date (DD/MM/YYYY)

Designation / Title	Official Stamp