

Foreign Corporation Income Tax Return

For Tax Year: 20__

SECTION I: CORPORATION IDENTIFICATION & DETAILS

Legal Name of Corporation			
Country of Incorporation		Tax Identification Number (TIN)	
Principal Place of Business (Address)			
Registered Agent Name & Address			
Date of Incorporation		Business Code / Activity	

SECTION II: INCOME EFFECTIVELY CONNECTED WITH BUSINESS (ECI)

1	Gross receipts or sales	
2	Cost of goods sold	
3	Gross Profit (Subtract Line 2 from Line 1)	
4	Dividends (effectively connected)	
5	Interest (effectively connected)	
6	Other effectively connected income	
7	Total Effectively Connected Income (Add Lines 3 through 6)	

SECTION III: DEDUCTIONS ALLOCABLE TO ECI

8	Compensation of officers	
9	Salaries and wages	
10	Rents	
11	Taxes and licenses	
12	Interest expense (allocated under rules)	
13	Depreciation / Amortization	
14	Other allocable deductions	
15	Total Deductions (Add Lines 8 through 14)	
16	Taxable Income (Subtract Line 15 from Line 7)	

SECTION IV: TAX COMPUTATION, CREDITS AND PAYMENTS

17	Total Tax on income effectively connected (Apply Tax Rate to Line 16)	
18	Branch Profits Tax	

19	Tax on income not effectively connected (withholding / gross-basis)	
20	Total Tax Liability (Add Lines 17, 18, and 19)	
21	Estimated tax payments / Overpayments from prior year	
22	Withholding tax paid at source	
23	Total Payments & Credits (Add Lines 21 and 22)	
24	Tax Due (Subtract Line 23 from Line 20. If Line 20 is greater)	
25	Overpayment (Subtract Line 20 from Line 23. If Line 23 is greater)	

SECTION V: DOUBLE TAXATION TREATY BENEFITS CLAIMED

Treaty Country		Treaty Article Number	
Rate of Withholding Claimed		Amount of Income Exempted	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

_____ Signature of Officer / Authorized Representative	_____ Date (MMDD/YYYY)
_____ Title of Officer / Representative	_____ Contact Number