CORPORATE ASSET DISPOSAL AND CAPITAL GAINS TAX RETURN

Form CGT-CORP

SECTION 1: COMPANY IDENTIFICATION

Company Name: _____

Tax Identification Number: _____

Registered Address: _____

Financial Year / Period: _____

Contact Email: _____

Phone Number: _____

SECTION 2: SCHEDULE OF ASSET DISPOSALS

Description of Asset	Date of Acquisition	Date of Disposal	Disposal Proceeds (A)	Acquisition Cost / Cost Base (B)	Allowable Improvements / Costs (C)	Net Capital Gain / Loss [A - (B + C)]
Totals:						

SECTION 3: CAPITAL GAINS TAX COMPUTATION

1. Total Net Capital Gains (from Section 2 Total)	
2. Less: Brought Forward Capital Losses (from prior years)	
3. Less: Capital Gains Exemptions / Roll-over Reliefs	
4. Taxable Capital Gains (Row 1 - Row 2 - Row 3)	
5. Applicable Corporate Capital Gains Tax Rate (%)	
6. Net Corporate Capital Gains Tax Payable (Row 4 x Row 5)	

SECTION 4: DECLARATION OF AUTHORIZED OFFICER

I hereby declare that the information provided in this return, including any accompanying schedules and statements, is true, correct, and complete to the best of my knowledge and belief, and is prepared in accordance with the prevailing tax laws.

Name of Signatory: _____

Signature: _____

Designation / Title: _____

Date: _____