



FORM INSTRUCTIONS: PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE PROCEEDING

1. This form allows a Trust or an Estate to file a Corporate Income Tax (CIT) return. The CIT return is a self-assessment return and may be submitted through the Taxpayer Online Service (TPOS) which you can access at: <https://tpos.frsc.org.f/taxpayerportal/logon#/Logon>.
2. This form can be used as a guide for completing the 2016 CIT online return.
3. Some lines on the return can be input directly, whereas others will be populated based on the information you input in a supporting schedule. Therefore, if you received any of the incomes stated in return lines 1 – 5, you must complete the related tables as listed below:
 - Line 1 – Share of Trust/Estate Income Received
 - Line 2 – Share of Partnership Income/Loss Received
 - Line 3 – Interest Income
 - Line 4 – Dividend Income
 - Line 5 – Rental Income/Loss
4. Provide evidence for amounts entered in the following:
 - Lines 25- 43 (Allowable Deductions and Concessions)
 - Line 71 (Contractual Payments received); and
 - Line 72 (Cane Payments received).
5. You may use the footnotes provided in the applicable return lines for calculation purposes.
6. When filing the online CIT return you will need to save documents on your computer desktop storage for ease of uploading via TPOS. The files must either be in PDF, JPEG, JPG or PNG formats. Refer to the checklist at the end of this form for documents that you will need to provide with this return.
7. Complete the Declaration section by filling all details in the designated space. The representative must provide his/her TIN and designation e.g. Trustee, Accountant, Chief Financial Officer, Company Secretary, Director, Manager, Partner or Tax Agent.
8. Once your return is submitted online, you will receive a filing confirmation notice.
9. If you have made a mistake in your return, you may apply to the CEO for an amendment to be made to your self-assessment. The amendment request must be submitted to the CEO within 2 years of the date the self-assessment return was filed.
10. Please consult with a Customer Service Officer if you need help to complete the Form. If you find it difficult to file online, you can bring the completed return to FRCS for assistance.

TAXPAYER DETAILS

Taxpayer TIN:

(State the Trust /Estate TIN. The TIN must consist of either 9 or 10 digits)

Taxpayer Name:

(State the Trust/Estate Name)

INCOME TAX RETURN DETAILS

	DESCRIPTION	AMOUNT (FJD)
1	Share of Trust/Estate Income Received* (Refer to Share of Trust/Estate Income Received table)	\$
2	Share of Partnership Income/Loss* (Refer to Share of Partnership Income/Loss Received table)	\$
3	Interest Received* (Refer to Interest Income table)	\$
4	Dividends Received* (Refer to Dividend Income table)	\$
5	Rental Income/Loss* (Refer to Rental Income/Loss table)	\$
6	Net Profit from Cane Farming Activities	\$
7	Net Profit from Other Farming Activities	\$
8	Net Profit from Other Business	\$
9	Purchased Annuities	\$
10	Other Income	\$
11	Sub Total	\$

(Complete the referenced tables for the lines marked with asterisks (*))

SHARE OF TRUST/ESTATE INCOME RECEIVED

1. Provide a breakdown of the Share of Trust/Estate Income received for the tax year you are reporting.
2. You must provide the details required in the table below e.g. TIN and Name of Trust/Estate and Income Received for the period.
3. Transfer the Total Income Received to Line 1 of the return.

TIN OF TRUST/ESTATE	NAME OF TRUST/ESTATE	INCOME RECEIVED (FJD)
TOTAL (Transfer Total Income Received amount to Line 1 of the return)		\$

Continue on a separate sheet if necessary

SHARE OF PARTNERSHIP INCOME/LOSS RECEIVED

1. Provide a breakdown of the Share of Partnership Income/Loss received for the tax year you are reporting.
2. You must provide the details required in the table below e.g. TIN and Name of Partnership and Income Received for the period.
3. Transfer the Total Income Received to Line 2 of the return.

TIN OF PARTNERSHIP	NAME OF PARTNERSHIP	INCOME RECEIVED (FJD)
TOTAL (Transfer Total Income Received amount to Line 2 of the return)		\$

Continue on a separate sheet if necessary

INTEREST INCOME

1. Provide a breakdown of the interest received for the tax year you are reporting.
2. You must provide the details required in the table below e.g. TIN and Name of Financial Institution, Gross Interest and Tax Deducted for the period.
3. Ensure to also provide evidence(s) of all interest income received for the period.
4. Transfer the Total Gross Interest (FJD) to Line 3 of the return.

TIN OF FINANCIAL INSTITUTION	NAME OF FINANCIAL INSTITUTION	GROSS INTEREST (FJD)	TAX DEDUCTED (FJD) \$
TOTAL (Transfer the Total Gross Interest Amount to Line 3 of the return)		\$	\$

Continue on a separate sheet if necessary

DIVIDEND INCOME

1. Provide a breakdown of the dividends received for the tax year you are reporting.
2. You must provide the details required in the table below e.g. TIN and Name of Company, Gross Dividends and Tax Deducted for the period.
3. Ensure to also provide evidence(s) of all dividends income received for the period.
4. Transfer the Total Gross Dividends to Line 4 of the return.

TIN OF COMPANY	NAME OF COMPANY	GROSS DIVIDENDS (FJD)	TAX DEDUCTED (FJD)
TOTAL (Transfer the Total Gross Dividends amount to Line 4 of the return)		\$	\$

Continue on a separate sheet if necessary

RENTAL INCOME/LOSS

1. Provide a breakdown of your rental income/loss for the tax year you are reporting.
2. State the period (i.e. From and To) for which your rental income/loss relates to.
3. Subtract all rental expenses from gross rents and premium amount and make adjustments for portion of property occupied for private use.
4. Transfer the Net Income/Loss from Rent amount to Line 5 of the return.
5. List the addresses/locations of the rental properties declared in this schedule

PARTICULARS	PERIOD FROM	PERIOD TO	AMOUNT (FJD)
Gross Rents and Premium			\$

LESS EXPENSES

DESCRIPTION	AMOUNT (FJD)
Rates	\$
Rent Paid In Respect of Lease	\$
Insurance On Property	\$
Repairs and Maintenance	\$
Interest	\$
Depreciation	\$
Other Expenses	\$
Total Expenses (add sum of all expenses amounts)	\$
Less Adjustment for Part of Property Occupied for Private Use	\$
Net Income/(Loss) from Rent (This amount to be transferred to Line 5 of the return)	\$

State the Address/Location of the above Property

No.	Address/Location
1	

ADD - ITEMS NOT ALLOWED AS DEDUCTION

12	Depreciation Charged In Accounts	\$
13	Capital Expenditure	\$
14	Donations and Subscriptions	\$
15	Legal Expenses	\$
16	Losses on Disposal of Assets for Accounting Purposes	\$
17	Preliminary Expenses	\$
18	Gain on Disposal of Fixed Assets for Tax Purposes	\$
19	FNPF (50% of 10% of Employer Contribution)	\$
20	Fines & Penalties	\$
21	Income Taxes	\$
22	Indemnity	\$
23	Other Items	\$
24	Sub Total	\$

(You may provide evidence for amounts entered in return lines 12 to 23 above)

LESS – ALLOWABLE DEDUCTIONS AND CONCESSIONS

25	Net Exempt Income (Being Gross Income Less Expenses Incurred)	\$
26	Depreciation Allowable	\$
27	Cash Donations to Approved Organizations/Charities	\$
28	Accelerated Depreciation Allowance	\$
29	Film Making & Audio-Visual Production – Exempt Income	\$
30	F1 – Contribution to Audio Visual Production (150% of Expenditure)	\$
31	F2 – Contribution to Audio Visual Production (125% of Expenditure)	\$
32	Fuel Concession	\$
33	Employment Taxation Scheme	\$
34	Export Promotion Incentive	\$
35	Export Profit	\$
36	Investment Allowances	\$
37	Losses on Disposal of Assets for Tax Purposes	\$
38	Vanua Levu Incentive – 40% Deduction on Capital Expenditure	\$
39	Other Incentives – Charitable Donations	\$
40	Tax Free Region Exemption	\$
41	Scientific Research Expenditure	\$
42	Bad Debts	\$
43	Other Items (Attach Details)	\$
44	Sub Total	\$

(You must provide evidence for amounts entered in return lines 25 to 43 above)

COMPUTATION OF TAX LIABILITY FOR THE YEAR

45	Taxable Business Income/Loss for Current Year (Line 11+ Line 24 - Line 44)	\$
46	Losses Brought Forward From Prior Years	\$
47	Total Income/(Loss) (Line 45 - Line 46)	\$
48	Net Profit Actually Distributed	\$
49	Balance of Profit Undistributed (Line 47 - Line 48)	\$
50	Tax Liability On Undistributed Income (Line 49 x 20%)	\$

(You must provide evidence if an amount is provided in return line 49)

COST OF GOODS SOLD

51	Opening Stock	\$
52	Purchases	\$
53	Less Closing Stock	\$
54	Cost of Goods Sold	\$

GROSS TRADING INCOME

55	Total Sales	\$
56	Less: Cost of Goods Sold (Refer to amount in Line 54)	\$
57	Gross Trading Income	\$

NET INCOME AND OTHER INFORMATION

58	Gross Trading Income (Refer to amount in return line 57)	\$
59	Interest Income	\$
60	Dividend Income	\$
61	Other Income	\$
62	Total Gross Income (Add return Lines 58 – 61)	\$
63	Total Expenses	\$
64	Interest Expenses	\$
65	NET INCOME (Line 62 – Line 63 and 64)	\$
66	Drawings	\$
67	Total Assets	\$
68	Total Liabilities	\$
69	Overseas Income	\$
70	Gross Salaries and Wages Paid for the Year	\$

71 DETAILS OF CONTRACTUAL PAYMENTS RECEIVED

TIN OF CONTRACTOR	NAME OF CONTRACTOR	GROSS PAYMENTS (FJD)	TAX DEDUCTED (FJD)
TOTAL		\$	\$

(Provide evidence for all contractual payments received. Continue on separate sheet if necessary)

72 DETAILS OF CANE PAYMENTS RECEIVED

TIN OF CONTRACTOR	NAME OF CONTRACTOR	FARM NO.	SECTOR NO.	SECTOR NO. GROSS PAYMENTS (FJD)	TAX DEDUCTED (FJD)
TOTAL				\$	\$

(Provide evidence for all contractual payments received. Continue on separate sheet if necessary)

73 SHARE OF TRUST/ESTATE/PARTNERSHIP INCOME DISTRIBUTED

TIN OF BENEFICIARY/PARTNER	NAME OF BENEFICIARY OR PARTNER	% OF SHARE (FJD)	AMOUNT OF SHARE (FJD)
TOTAL		\$	\$

(Continue on separate sheet if necessary)

SUMMARY

74	Tax Liability On Undistributed Income (Refer to amount in return line 50)	\$
75	Provisional Tax (Refer to total tax deducted in return line 71)	\$
76	Withholding Tax (Refer to total tax deducted in return line 72)	\$
77	Tax Payable/(Refundable) (Line 74 – Line 75– Line 76)	\$

DECLARATION OF REPRESENTATIVE
☐ I declare that the information in this Income Tax Return is true and correct in every detail.

Taxpayer/Representative TIN:

Full Name:

Designation: _____ Signature: _____ Date: _____

IT IS A SERIOUS OFFENCE TO GIVE FALSE INFORMATION TO THE CHIEF EXECUTIVE OFFICER**FOR OFFICE USE ONLY**

Officer's Name: _____ Officer's Signature: _____

Date of Receipt: _____ Reference Number: _____

CHECKLIST

- | | |
|---|---|
| ☐ Completed Corporate Income Tax Return for Trusts/Estates Form | ☐ Contractual Payments Received (mandatory if declared) |
| ☐ Financial Statements (mandatory) | ☐ Cane Payments Received (mandatory if declared) |
| ☐ Items Not Allowed as Deductions (non-mandatory) | ☐ Valid TIN of Representative submitting the completed form |
| ☐ Allowable Deductions and Concessions (mandatory if claimed) | ☐ Valid Photo ID of Representative submitting the completed form |
| ☐ Losses Brought Forward from Prior Years (mandatory if claimed) | ☐ Tax Agent Declaration (if form is filed by a Tax Agent) |