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இலங்கை உள்நாட்டு இறைவரி
Sri Lanka Inland Revenue

Resident
Non-Resident

RETURN OF INCOME- PARTNERSHIP

YEAR OF ASSESSMENT: 2020/2021

Taxpayer Identification Number (TIN)	
	Address
Date of Issue:	**Due Date:**

Taxpayers are advised to refer the Guide before filling the Return and its Schedules.

SECTION :01				
Part A –INCOME LIABLE TO TAX			**Rs.**	**Cents**
Business Income	(Cage 208.5 of Schedule 2A)	**10**		
Investment Income (Other than gain from realization of Investment Assets)	(Cage 209.5 of Schedule 2A)	**20**		
Other Income	(Cage 210.5 of Schedule 2A)	**30**		
Gain from realization of Investment Assets	(Cage 212.5 of Schedule 2A)	**40**		
ASSESSABLE INCOME	**(10+20+30+40)**	**50**		
Part B – DEDUCTIONS FROM ASSESSABLE INCOME				
Qualifying Payments	(Cage 241.5 of Schedule 5A)	**60**		
TAXABLE INCOME	**(50-60)**	**70**		
Part C – CALCULATION OF TAX PAYABLE				
Tax on Partnership Taxable Income	(Cage 232.3 of the Schedule 4A)	**80**		
Tax on gain from realization of investment Asset	(Cage 233.3 of Schedule 4A)	**90**		
Total Tax Payable	**(80+90)**	**100**		
Less: Tax Credits	(Cage 238 of Schedule 4B)	**110**		
Balance Tax Payable	**(If 100>110, Then 100 – 110)**	**120**		

Part D- EXEMPT INCOME

Total Exempt income	(Cage 213.5 of Schedule 2B)	**130**		

SAMPLE

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வரிகள் – வளமான எதிர்காலத்திற்காக
TAXES - FOR A BETTER FUTURE

SECTION – 02

Whether the return or part of the return 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 AUTHORIZED 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 return

PART – B : DECLARATION OF THE TAXPAYER

I declare to the best of my knowledge and belief that all particulars furnished in this Return of Income are true, correct and complete. I am aware that making an incorrect, false or misleading statement is an offence.

Full Name of the Declarant	
Designation	
Telephone Number	**Mobile**
E - Mail	
Signature	OFFICIAL FRANK
NIC Number/Passport Number	
Date	D D M M Y Y Y Y

- ***Return form specified under Section 126 of the Inland Revenue Act, No. 24 of 2017, by the Commissioner General of Inland Revenue.***
- ***Declare income and other particulars for the year of assessment ended 31st March, 2021***
- ***Attach Financial Statements, Tax Computation and any other documents required to be submitted***
- ***Duly completed Return of Income and attached documents should be submitted to the Inland Revenue Department on or before 30th November, 2021.***
- ***Penalties are imposed on any person who has not submitted a return or submitted an incorrect Return and penalties and interest shall be imposed for non-payment of taxes on due dates.***
- ***If marked "YES" for above in Section 02, attach a separate Certificate/s issued by the approved accountant or any other person issued by specifying the extent to which he was involved, the documents examined by him and the information relied upon by him. Such certificate shall deemed to be part and parcel of the Return of Income.***

SAMPLE