

Resident	
Non-Resident	

RETURN OF INCOME- PARTNERSHIP

YEAR OF ASSESSMENT: 2022/2023

Taxpayer Identification Number (TIN)											
	Address										
Date of Issue:	Duo Dotos										
Date of Issue:	Due Date:										
Taxpayers are advised to refer the Guide bel	fore filling the Return and its S	Schedu	les. V	isit I	RD	web	ро	rta	l		
www.ird.gov.lk to download Schedules and (•				
SECTION :01											
Part A - INCOME LIABLE TO TAX					Rs.		1		Ce	ents	
Business Income	(Cage 208.5 of Schedule 2A)	10			_	_	_		\perp		
Investment Income (Other than gain from real	20										
Investment Assets)	(Cage 209.5 of Schedule 2A)				+	+			\vdash		
Other Income Gains from realization of Investment Assets	(Cage 210.5 of Schedule 2A)	30		++	+	+	-		\vdash		+
Gams from realization of investment Assets	(Cage 212.5 of Schedule 2A)	40									
ASSESSABLE INCOME			\Box	\top							
Part B – DEDUCTIONS FROM ASSESSABLE	(10+20+30+40) E INCOME			-		-					
Qualifying Payments		60									
TAXABLE INCOME	70										
Part C – CALCULATION OF TAX PAYABLE	Ε										
Tax on Partnership Taxable Income		80									
(Ca				+	_			\vdash		_	
Tax on gain from realization of investment As	90										
Total Tax Payable	(Cage 233.3 of Schedule 4A) (80+90)				+		1				
Less: Tax Credits	(Cage 238 of Schedule 4B)	110			+						
Balance Tax Payable	(If 100>110, Then 100 – 110)	120			\top						
Part D- EXEMPT INCOME	(1			1				
	(0012 5 00 1 1 1 00)	130				$\overline{}$					
Total Exempt income	tal Exempt income (Cage 213.5 of Schedule 2B)										



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Whether the return or par for a payment?	t of YE		re	turi		pre O	pa	red	by	an	A	pp	rov	ec	d A	Acc	oı	ınt	tan	t c	r	any	y o 1	the	r pe	erso	n	
(If "Yes" fill PART -A and at	tach	the	cer	tific	ate/s	iss	ue	d by	suc	ch p	ers	son.	.)															
PART-A: DETAILS OF AP	PRO	OVE	ED A	AC(COU	NT	'Al	NT/	AN	IY (ОТ	HE	R I	Ρl	ER	SC	N											
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Date of the Certification	D	D	1	M		1	/	Y	Y	7	7	Y																
If more than one person involve	ed, u	ise a	sej	para	te sh	eet	to	fill	the	abo	ve	det	ails	aı	nd	atta	acl	ı to	the	e F	Ret	urn						
PART - B: DECLARATIO	N O	FΤ	HE	TA	XP.	ΥI	ER																					
declare to the best of my know complete. I am aware that ma Full Name of the Declarant	_						-															ne a	re t	rue	cor	rect	and	
run Name of the Declarant			-			\vdash	+	+		\dashv				+		\vdash	+			\perp	\dashv				-			+
Designation							İ							Ī														
Telephone Number													Mo	b	ile	;												Τ
E - Mail		701	02/2/50	232				423	120								79			2				531				
Signature													:			_				_	-							-
NIC Number/Passport Number													-				0	ij	1		A	L	F	RA	N	K		
Date	D	D	,	/ I	A N	1	/	Y	Y		Y	Y	i 															
 Return form specified under of Inland Revenue. Declare income and other positive. Attach Financial Statements. Duly completed Return of In on or before 30th November, Penalties are imposed on a penalties and interest shall be If marked "YES" for above any other person specifying information relied upon by he 	artic s, Ta com 202 ny p oe in in S	eular e ar 23 pers pos Sect	rs formand and and and and and and and and and	or the putace who for the oz, to who who were the ozen to we will be the ozen to we will be the ozen to we we will be the ozen to we we we will be the ozen to we we will be the ozen to we we will be the ozen to we will be the oze	ne ye tion hed hed han non- atta	ear of and documents no new payor character and the character and	of a um ot s ome	isse ny dent subs ent de epa	essm othe s sh mitt of to rate invo	ted axes	t en locu ld b a r s or ertij	ded ime e si retu n di fica the	d 31 ents ubm ern (ue d ute/s doo	st reit or lan	Moequeted	arc uire l to ubn ued ent	h, ed th nit	20 to e In ttea y th ex	23 be s nlai l ar he d	sul nd n i	bm Re inc	itte ever orr over by	d nue ect d ac	e De Re ccou	pari turn inta ana	tmei an ant a t th	ut d	