Attachment 1 –Original /Revised

Form No. SEC/2026/SA/01

For office use only

Serial number	Unit /RO	Officer

Declaration of Tax Amount Payable / Not Payable in Installments
Year of Assessment: .....

1. **Name of the Taxpayer**:.....

.....

2. **TIN:** .....

3. **Address**: .....

.....

4. **Type of the Taxpayer**: Individual / Partnership/ Company (incorporated in or outside Sri Lanka) / Public Corporation/ Trust / Unit Trust or Mutual Fund/ Charitable Institution/ Non-Governmental Organization/ Employees Trust Fund / Employees Provident Fund / Pension Fund/ Employees Termination Fund/ Employees Gratuity Fund/ Other Fund /Other (Please specify).....

5. **Whether Resident or Non Resident for the Relevant Year of Assessment**:

.....

6. **Brought Forward Unrelieved Losses (Rs.)**

Year of Assessment	Business Losses	Investment Losses	Total

7. Income Tax Exemptions Claimed During the Previous Year/s of Assessment with Amounts (Rs.)

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(Explain the exemption/s together with applicable law/agreement details)

8. 8.1 Estimated Assessable Income during the Year of Assessment (After the deduction of losses) ** In the event of any loss adjustment, a separate computation must be attached.

Applied Basis: Previous Year Return of Income Basis / Previous Year SET Basis (Select the applied basis) **Rs.**

Year of Assessment	Employment Income	Business Income	Investment Income	Other Income	Total
Taxable Income					
Gross Tax Payable					

8.2 Estimated losses/*deductions* during the Year of Assessment (if no assessable income)

Rs.

Year of Assessment	Business Loss	Investment Loss	*Deductions* *(Ex: Qualifying Payments)*	Total

**** Attach calculation details for estimated losses during the year of assessment.**

9. Declaration

I declare to the best of my knowledge and belief that all particulars furnished in this form are accurate and complete. I am aware that making an incorrect or false statement or giving false information is an offence.

Full Name of the Declarant: .....

.....

Designation: .....

(Individual/Partner/Managing Director/Director/Secretary/Principal Officer/Duly Authorized Agent)

Telephone Number: Office ..... Mobile: .....

E-mail : .....

Signature: Official Frank

NIC Number/ Passport Number: