Form No. SEC/2026/SA/02

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. 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. Rs.

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

a. Estimated loss during the Year of Assessment (if no assessable income)

Rs.

Year of Assessment	Business Loss	Investment Loss	Total

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

7. 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: