



**Commonwealth of Dominica
Inland Revenue Division
Residential Rent Return of Income for the Year ended December 31st _____**

Last Name	First Name	Middle Name(s)	Tax Account Number						
George	Gloria				2	5	0	0	
Home Address		Date of Birth	10	11	68	Sex	M	F	*
1 James Cresent		Social Security Number							
Goodwill		Nationality		Dominican					
Mailing Address (if different from home address)		Marital Status		Single					
		Name of Spouse							
		Telephone Number (Home)		235-4000					
Name & Address of Employer		Telephone Number (Work)							
Government of Dominica		Telephone Number (Mobile)							
		Occupation		Senior Clerk					
		Email Address							

COMPUTATION OF NET INCOME

1000	Total Residential Rent Income	1000	28,800	00
1001	Less: Allowable Interest Expense Deductions (<i>Attached Interest statements from Financial Institutions</i>)	1001	8,193	98
1002	Less: Property Insurance (<i>Attached Cover Notes from Insurance Companies</i>)	1002	2,210	53
1003	Total deductions (<i>Add line 1001 & 1002</i>)	1003	10,404	51
1004	Chargeable Income (<i>subtract line 1003 from line 1000</i>)	1004	18,395	49

Tax Payable

Enter Chargeable Income from line 1004	→	18,395	49	x 20%	3,679	10
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1005 Total tax payable on Chargeable Income

1. Make cheque or money order payable to the **COMPTRROLLER OF INLAND REVENUE. DO NOT MAIL CASH**
2. Return **MUST** be filed **ON or BEFORE MARCH 31ST**.
3. Any balance due **MUST** be paid **ON or BEFORE MARCH 31ST**
4. A **10% PENALTY AND INTEREST AT 1% PER MONTH OR PART THEREOF** will be charge on payments made after **MARCH 31ST**
5. If you require assistance in completing this form, contact the Inland Revenue at telephone number 266-3600

CERTIFICATE OF DISCLOSURE

I hereby certify that the information given in this return is **TRUE, CORRECT** and **COMPLETE** in every respect and **FULLY DISCLOSES** my **TAXABLE INCOME** from **ALL SOURCES**

Name Gloria George Signature Gloria George

Date 20 2 20
Day Month Year