

STATEMENT OF INCOME RECEIVED FOR INCOME YEAR ENDED 30 June
(To be given in duplicate by a payer to a payee not later than 15 August in the year of assessment)

1. Identification of payer

- (1) Name.....
(2) Tax Account umber.....
(3) Business Registration Number

2. Identification of the person (payee) to whom an amount has been made available by the payer

- (1) Name
(2) Address
(3) National Identity Card Number
(4) Bank Customer Identification Number.....
(5) Tax Account Number
(6) Business Registration Number

3. Amount paid or credited and tax deducted, if any

	Please tick (✓) as appropriate in the box	Gross amount paid or credited (before deduction of tax)	Tax deducted and remitted to MRA
		Rs	Rs
<input type="checkbox"/>	Royalties		
<input type="checkbox"/>	Rent		
<input type="checkbox"/>	Payments to contractor/subcontractor		
<input type="checkbox"/>	Payments to architects, engineers, land surveyors, project managers, property valuers and quantity surveyors		
<input type="checkbox"/>	Payments to attorneys/solicitors, barristers and Legal consultants		
<input type="checkbox"/>	Payments to medical services providers		
<input type="checkbox"/>	Payments for procurement of good and services		
<input type="checkbox"/>	Payments for board and lodging		
<input type="checkbox"/>	Payments to non-resident for services rendered in Mauritius		
<input type="checkbox"/>	Payment of management fees payable to an individual		
<input type="checkbox"/>	Payment made to a non-resident entertainer or sportsperson		
<input type="checkbox"/>	Payment to Accountant/Accounting firm and tax adviser or his representative		
<input type="checkbox"/>	Interest		
<input type="checkbox"/>	Commission		
<input type="checkbox"/>	Payment to consultants other than those specified in the fifth schedule		
<input type="checkbox"/>	Payment made to a provider of security services, cleaning services or pest management services and other ancillary services		
<input type="checkbox"/>	Payment made by insurance companies to motor surveyors and mechanics		

4. Declaration of payer

I
(name of signatory in BLOCK LETTERS)

do hereby declare that the information I have given in this statement is true and correct.

.....
Signature Capacity in which acting

.....
Date Seal