INCOME TAX RETURN

For Individuals and Entities having Income from Business and/or Employment and/or Investment

ATTACH: Annex 1 / Calculation of Tax for Individuals (Form Income Tax-D-10-02-0860) if you are an Individual
Annex 2 / Calculation of Tax for Entities (Income Tax-D-11-02-0860) if you are an Entity
Annex 5 / Income from Business (Form Income Tax-D-15-02-0860) if you draw Income from Business
Annex 6 / Income from Employment (Form Income Tax-D-16-02-0860) if you draw Income from Employment
Annex 7 / Income from Investment (Form Income Tax-D-17-02-0860) if you draw Income from Investment
Annex 8 / Income from Non-Business chargeable Assets (Form Income Tax-D-18-02-0860) if you draw Income from Non-Business chargeable Assets
Annex 10 / Tax Credits Claim (Form Income Tax-C-01-02-0860) if you want to claim Tax Credits
Annex 11 / Medical Tax Credits (Form Income Tax-C-01-02-0860) if you want to claim Medical Tax Credits

Fiscal Year _____ IRO Name _____

☐ 1st Estimate Return ☐ Revised Estimate Return ☐ Tax Assessment Return

☐ Jeopardy-Assessment Return as per Income Tax Act 2002, Section 96.5

☐ Partial without De-registration ☐ Partial with De-registration Effective Date (up to) _____

☐ Full without De-registration ☐ Full with De-registration Effective Date (up to) _____

1 TAXPAYER DETAILS

PAN					
Name					
Address	House/ Block No	Ward No.	Village, Area, Street	☐ Metropolitan ☐ Municipality ☐ Sub-Metropolitan ☐ VDC	District

2 PAN CLUBBING / REMOTE AREA ALLOWANCE / PENSIONS ALLOWANCE DETAILS

Individuals only

☐ Single ☐ Couple If Couple, does your Spouse have PAN: ☐ Yes ☐ No

If Yes, PAN of Spouse: | | | | | | | | | |

The person who has submitted this return is my wife/husband and shall be responsible for all my tax liabilities.

Name of wife/husband to be included _____ Signature _____

Remote Area Allowance (NPR) _____

Pension Allowance (NPR) _____

Insurance Premium Allowance (NPR) _____

3 TAXPAYER CERTIFICATION

I/we declare that this income tax return is correct, true, and complete. If any documents submitted along with this income tax return proofs to be false or misleading, I/we are liable to be penalised according to the law.

Signature of Taxpayer or Representative	
Name of Taxpayer or Representative	
Date	
Filing Extension Date (if extended)	

4 AUDIT CERTIFICATION

I/we have examined the books of accounts and documents maintained by _____ as per Income Tax Act 2002, Section 81. I/we certify that the information and explanations provided to me/us depicts the correct, true, and complete financial position. My/our notes regarding the certification of this income tax return are attached.

Signature	
Name of Auditor	
Audit License No.	
PAN	
Date	

5 OFFICIAL USE ONLY

Return Registration No	
Return Filing Date	
Receiving Officer Name	
Receiving Officer Signature	