



ANNUAL RETURN OF REGISTERED CHARITABLE ORGANIZATIONS

IT12

(For use by The Department of Co-operative and Friendly
Societies as well as TAJ)

Year of Assessment

_____|_____|_____|_____|_____|

Who completes this form and when and where to file

- This form should be completed by *Registered Charitable Organizations*
- Write figures to the nearest Dollar. **Do not show Cents**
- Complete Sections A to G and all relevant Schedules and Financial Statements. Attach all supporting documents where required. Where schedules are not submitted, the Return will be considered incomplete
- This Return along with the relevant Schedules must be filed online at www.jamaicatax.gov.jm after 31st December of the Year of Assessment, but no later than the 15th March of the following year.

Return type: ☐ First Return for Year of Assessment ☐ Revised Return (State reason below)

Section A – GENERAL INFORMATION

1. Name of Registered Entity	2. TRN	3. DCFS Registration Number (Attach Certificate)	4. Number of Branches
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5. Business Address		6. Mailing Address (If different from 5)	
Shop/Unit No. and Complex/Plaza Name		Shop/Unit No. and Complex/Plaza Name	
Street Number and Street Name		Street Number and Street Name	
City/Town/District		City/Town/District	
Post Office	P.O. Box	Post Office	P.O. Box
Parish	Postal Code	Country	Country

7. Date Registered (YYYY/MM/DD)	8. Telephone Number	9. Fax Number	10. Email Address
11. Type of Entity: ☐ Limited ☐ Unlimited ☐ Other (state below)		12. Number of Members: Number of Males: Number of Females:	13. Number of Volunteers:

14. During the Year of Return did the organization:

- a) Make any payment for Management Fees and/or Professional Fees such as Lawyers, Accountants, Auditors, Surveyors, etc.? (If yes, complete Schedule G) ☐ Yes ☐ No
- b) Hire anyone to provide any construction services from which you should have withheld Contractor's Levy? ☐ Yes ☐ No

- c) Employ any person from whose salaries or wages you were required to withhold statutory payments? ☐ Yes ☐ No
- d) Give any benefits to Principal Member(s) or Connected Person(s)? (If yes complete Schedule 8) ☐ Yes ☐ No
- e) Conduct any transaction with an Affiliated Company or Connected Person? (If yes, complete and attach Schedule 8) ☐ Yes ☐ No
- f) Import any goods? ☐ Yes ☐ No

15. For which year was the last Employers Annual Return (S02) filed and paid?

Section B –SOURCE OF INCOME – (Complete the applicable Schedule(s) for each Source of Income)

DONATIONS:

International Funding Agencies <i>(Transfer from Schedule A)</i>	1	
Foreign Companies and Individuals	2	
Local Funding Agencies <i>(Transfer from Schedule C)</i>	3	
Local Companies and Individuals	4	
Total Donations <i>(Add Lines 1 to 4)</i>	5	0.00
Government Subventions <i>(Transfer from Schedule E)</i>	6	
Investment Income <i>(Transfer from Schedule F)</i>	7	
Rental Income	8	
Fund Raising Activities <i>(Attach Financial Statement)</i>	9	
Other Sources of Income <i>(Attach Financial Statement)</i>	10	
Total Income from all sources <i>(Add Lines 5 to 10)</i>	11	0.00

Section C – EXPENSES

Administrative Expenses:

Salary and Wages	1	
Staff Welfare	2	
Employer's Statutory Contributions: NIS, NHT, Ed Tax, HEART	3	
Management and Professional Fees <i>(Transfer from Schedule G)</i>	4	
Rental Expense <i>(Transfer from Schedule H)</i>	5	
Other Expenses	6	
Total Administrative Expenses <i>(Add Lines 1 to 6)</i>	7	0.00

Programme Expenses:

Housing	8	
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Welfare (food, medical supplies etc.)	9	
Community Assistance	10	
Scholarship and Grants	11	
Other Programme Expenses	12	
Total Programme Expenses (Add Lines 8 to 12)	13	0.00
Total Expenses (Add lines 7 and 13)	14	0.00
Section D – SURPLUS/DEFICIT		
Current Surplus/(Deficit) (Section B Line 11 less Section C Line 14)	1	0.00
Surplus/(Deficit) brought forward	2	
Surplus/(Deficit) carried forward (Add Lines 1 and 2)	3	0.00
Section E – CHARGEABLE INCOME		
Current Surplus/(Deficit) (Section D, Line 1)	1	
Total Exempted Income (Section D, Line 1)	2	
Chargeable Income (Line 1 less Line 2)	3	0.00
Section F – COMPUTATION OF INCOME TAX PAYABLE/(REFUNDABLE)		
Chargeable Income (Section E Line 3)	1	0.00
Tax on chargeable Income	2	
REFUNDABLE TAX CREDITS (Attached Certificates/Supporting Documents)		
Tax withheld from dividends from companies resident in Jamaica (Attach Certificates)	3	
Tax withheld from interest from companies resident in Jamaica (Schedule F)	4	
Tax withheld from Other Sources of income earned in Jamaica (Attach Certificates)	5	
Total Refundable Tax Credits (Add Lines 3 to 5)	6	0.00
NET TAX PAYABLE/(REFUNDABLE) (Line 2 less Line 6)	7	0.00
Refundable Tax already Received	8	
Balance Payable/(Refundable) (Line 7 less Line 8)	9	0.00

Section G - PRINCIPAL OFFICER/EMPLOYEE BENEFITS

TRN	Name of Principal Officer/Employee	Director's Remuneration	Housing Benefits	Motor Vehicle Benefits	Other Benefits	Total
						0.00
						0.00
						0.00
						0.00
						0.00

Section H – ATTACHMENTS

In the table below, tick (✓) the box relevant to the Forms and other documentation that you are attaching to this Return. Use additional space to list items not included in the Table.

Failure to complete and attach the required documentation will result in your Return being determined incomplete and subject to possible penalties

☐ Audited Financial Statements	☐ DCFS Certificate	☐ Schedule A – Int'l Funding Agencies
☐ Schedule B – Major Foreign Donors	☐ Schedule C - Local Funding Agencies	☐ Schedule D – Local companies Individuals ≥ \$1M
☐ Schedule E – Government Subvention	☐ Schedule F – Investment Income	☐ Schedule G – Mgmt & Professional Fees
☐ Schedule H – Rental of Properties	☐ Schedule I – Secretaries	☐ Schedule I – Board of Directors

Section I – PREPARER'S DETAILS

Preparer's Name	Preparer's Address	TRN	FOR OFFICIAL USE
		Contact Number	

Section J – DECLARATION *(To be signed by Secretary or Responsible Officer only)*

NOTE: Any false statement made herein by you or on your behalf will render you liable to penalties and/or criminal proceedings

I declare, to the best of my knowledge and belief, that this Return and accompanying schedules and statements are a true, correct and complete representation of the whole of the income of: _____ for the year 2020

Name of Organization

Name of Responsible Officer	Title/Office
Signature	Date

Schedule A
Donation - International Funding Agencies

Name Of Donor	Country of Donor	Currency	Ja\$ Amount
Total (Transfer to Section B, Line 1)			0.00

Donation - Major Foreign Donors – Companies and Individuals ≥US\$1,000.00

Tax Administration Jamaica

Schedule C

Donation - Local Funding Agencies

[illegible]

Schedule D
Donation - Local Companies and Individuals ≥ \$1,000,000.00

- TRN of Donor	Name of Donor	Amount

Schedule E
Government Subvention

TRN	Name of Ministry, Department or Agency	Amount
Total (Transfer to Section B, Line 6)		0.00

Schedule F
Investment Income

(Note: Attach Supporting documents and detailed listing of Payer)

Interest Income				
Type of Interest		Gross Income		Tax Withheld
BOJ/MOF Securities	1a		1b	
Repo by BOJ	2a		2b	
Secondary Market Transactions & Derivatives	3a		3b	
Commercial Papers, Bonds, etc.	4a		4b	
Deposits	5a		5b	
Other Interest Income: <i>(Specify below)</i>				
Total Other Interest Income/Tax Withheld <i>(Add Other Interest Lines)</i>	6a	0.00	6b	0.00
Total Interest Income/Tax Withheld <i>(Add Line 1 to 5 and Line 6)</i>	7a	0.00	7b	0.00
Dividend Income				
TRN of Payer	Name of Payer	Gross Income		Tax Withheld
Total Dividend Income/Tax Withheld <i>(Transfer 8b to Section F, Line 4)</i>	8a	0.00	8b	0.00
Other Investment income				
Type of Income	TRN of Payer	Name of Payer	Gross Income	Tax Withheld
Total Other Investment Income/Tax Withheld <i>(Transfer to Section F, Line 5)</i>	9a		0.00	9b
Total Investment Income <i>(Add Lines 7a, 8a and 9a transfer to Section B, Line 7)</i>	10a		0.00	
Total Tax Withheld <i>(Add Lines 7b, 8b and 9b)</i>			10b	0.00

Schedule G
Management and Professional Fees

TRN	Name of Service Provider	Nature of Service: Management, Professional (Accounting, Audit, Legal etc.)	Amount
Total (Transfer to Section C – Line 4)			0.00

Schedule H
Rental of Properties

TRN	Name of Owners (Organization or Individual)	Address of Property	Gross Rent Expense for Year
Rental Expense (Transfer to Section C line 5)			0.00

Schedule I
Secretaries

TRN	Name	Address	Date of Appointment	Nationality	Contact Number	Email Address

Schedule J
Board of Directors

TRN	Name	Address	Date of Appointment	Nationality	Contact Number	Email Address