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For Office	ce Use	
DLN		
Date		

STATEMENT OF ESTIMATED INCOME TAX PAYABLE YEAR OF ASSESSMENT: 2019/2020

Taxpayer Identification Number (TIN)	Address												
Date of Issue:	Due Date: 15 th August, 2019												
 You may read the set of instructions provided before completing this Statement of Estimated Tax Payable. (Further details can be obtained via IRD web portal - www.ird.gov.lk) Individuals, who have ONLY employment income subject to deduction of PAYE tax should only complete PART II of this Statement (Declaration) and submit to Inland Revenue Department. 													
(Please '✓' mark the relevant cages)													
STATEMENT TYPE: Original Statement	Revised Statement												
INCOME TAX TYPE: Corporate Income Tax	Individual Income Tax												
PART – I: CALCULATION OF ESTIMATED IN	COME TAX PAYABLE												
Source of Income	Cage Rupees Cents												
Employment	10												
Business	20												
Investment	30												
Other Income	40												
Estimated Assessable Income (10+20+30+40	50												
Total Estimated Deductible Qualifying Payments and Relies	fs 60												
Estimated Taxable Income (50-60)	70												
Estimated Tax Liability	80												
Estimated Foreign Tax Credits	90												
Estimated Tax Payable (80-90)	100												



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Did Statement or part of the S			nt is	pren	ared	l by	a ne	ersor	n oth	er tl	nan	the o	decla	aran	t?		Y	es [N	о [
(If "Yes" Please fill Part A & I						•	-				IuII	the v	acci	ai aii			•	CS L			1		
I declare to the best of my known Payable are true, correct and contract and contra		_		l beli	ief tl	hat a	all p	artic	ular	s fui	nis	hed i	in th	is S	tateı	men	t of	Esti	mate	ed Ir	icon	ne Ta	ax
PART - A																							
Full name of the Agent / Authorized Person																							
NIC No. / TIN																							
Signature of the Agent or Authorized Person												()F	Fl		L	M	F	R	A	N	K	
Date:	D	D	/	М	М	/	Y	Y	Y	Y								1					
PART - B																							
Full Name of the Declarant																							
Designation																							
Designation	Proprietor / Managing Director / Director / Secretary / Principle Officer / Trustee/Other (Specify)												y)										
NIC No.																							
Telephone Number												Mo	bile										
E-Mail									,		_												
Signature of the Declarant)F	F	[C	I	ΔI	F	R	A	N	K	
Date:	D	D		M	M	/	Y	Y	Y	Y													
* This Statement of Estimated Inland Revenue and requ	nate	d Ir	be 1	ne T	ax p	oaya ler	able sect	for	m h	as b	een Inl	spe	cifie	ed b	y tł ie A	ne C	Com No.	miss 24 c	sione of 20	er C	ene	ral (of

The completed form should be returned to Central Document Management Unit (CDMU) at Inland Revenue Department (IRD) Head Office or any IRD Regional Office on or before 15th August 2019.

Please, note that penalty and interest shall be imposed on any person for making an incorrect statement, not submitting a statement or non-payments of quarterly payments on due date.

DADT II. DECLADATION