Form No: SET\_E (Tax Credit)



## Statement of Estimated Tax (SET) Credit Schedule

| TaxPayer Identification Number (TIN)  |      |   |             |   |   |    |      |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
|---|------|---|-------------|---|---|----|------|---|--------|------|----------------|-----|----------|------|----|--|-----|----------|---|---|-------|-------|---|--|
| Name of the Taxpayer  |      |   |             |   |   |    |      |   |        | 1    |                | 1   |          |      | Į. |  |     |          |   |   |       |       |   |  |
|   |      |   |             |   |   |    |      |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
| Tax Type  |      |   | CIT IIT PIT |   |   |    |      |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
| Period Code 2024/2025   |      |   |             |   |   |    |      |   | In     | stal | ment Number    |     |          |      |    |  | 1 2 |          |   | 2 | 3 4   |       | 4 |  |
|   |      |   |             |   |   |    |      |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
| Fill the amount of credits that you have deducted when calculating the "Net Quarterly Instalment Payment" (Refer the item number 3 of the Instructions for completion the SET).             |      |   |             |   |   |    |      |   |        |      |                |     |          | t"   |    |  |     |          |   |   |       |       |   |  |
| Submit the duly completed tax credit schedule to the Central Document Management Unit (CDMU) at the IRD Head Office or to any Regional Office on or before the due date of each instalment. |      |   |             |   |   |    |      |   |        |      |                |     |          |      | he |  |     |          |   |   |       |       |   |  |
| The freu office of to any Regional office on or refore the <u>ane and of each instalment.</u>   |      |   |             |   |   |    |      |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
| Description   |      |   |             |   |   |    | Cage |   | Rupees |      |                |     |          |      |    |  |     |          |   | , | Cents |       |   |  |
| Partnership Income tax credit to the partner  |      |   |             |   |   | r  |      |   | 1      |      |                |     | <u> </u> |      | 1  |  |     | <u> </u> | 1 |   | l     |       |   |  |
| prior to the due date for payment of the instalment   |      |   |             |   |   |    | 10   |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
| Cumulative WHT Credits prior to the due date for payment of the instalment  |      |   |             |   |   |    | 20   |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
| Cumulative AIT Credits prior to the due date for payment of the instalment  |      |   |             |   |   | 30 |      |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
| WHT - Withholding Tax AIT – Advance Income Tax  |      |   |             |   |   |    |      |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
| Full Name of the Decla  | rant |   |             |   |   |    |      |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
|   |      |   |             |   |   |    |      |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
| Telephone Number  |      |   |             |   |   |    |      |   |        |      |                |     | Mol      | oile |    |  |     |          |   |   |       |       |   |  |
| E-Mail  |      |   |             |   |   |    |      |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
| Signature of the Declarant  |      |   |             |   |   |    |      |   |        |      |                |     |          |      |    |  |     |          |   |   |       |       |   |  |
|   |      |   |             |   |   |    |      |   |        |      | OFFICIAL FRANK |     |          |      |    |  |     |          |   |   |       |       |   |  |
| Date:   | D    | D | /           | M | M | /  | Y    | Y | Y      | Y    | =              | . — |          |      |    |  |     |          |   |   |       | . — . |   |  |