



Trust Tax Return

SECTION 1 - General information

Name of Trust

Taxpayer Reference

Year of assessment

SECTION 2 - Details of trustees

Please provide the details requested below, where appropriate, for **each** trustee. If this trust has more than 3 trustees then please provide this additional information in supporting schedules. The date of birth (DOB) or Date of incorporation (DOI) as well as the residential or registered address should be provided for individuals or companies respectively.

Trustee 1 - PRINCIPAL ACTING TRUSTEE

Designated to deal with the Income Tax Office on behalf of the Trust. The actions of the Principal Acting Trustee are treated by the Income Tax Office as representing the actions of all the trustees.

Name

DOB / DOI

Taxpayer reference

Address (Residential / Registered)

Please select the type of trustee

Professional trustee

☐

Non-professional trustee

☐

Trustee 2

Name

DOB / DOI

Taxpayer reference

Address (Residential / Registered)

Non-professional trustee

☐

SECTION 2 (Contd.) - Details of trustees

Trustee 3

Name

DOB / DOI

Taxpayer reference

Address (Residential / Registered)

Non-professional trustee

☐

SECTION 3 - Details of beneficiaries

Please provide the details requested below, where appropriate, for each beneficiary. If this trust has more than 5 beneficiaries then please provide this additional information in a supplement to this return. The residential / registered address & date of birth / incorporation date should be provided for individuals / companies respectively.

Beneficiary 1

Resident

☐

Non-Resident

☐

Name

DOB / DOI

Taxpayer reference

Address (Residential / Registered)

Beneficiary 2

Resident

☐

Non-Resident

☐

Name

DOB / DOI

Taxpayer reference

Address (Residential / Registered)

Beneficiary 3

Resident

☐

Non-Resident

☐

Name

DOB / DOI

Taxpayer reference

Address (Residential / Registered)

SECTION 3 (Contd.) - Details of beneficiaries

Beneficiary 4 Resident ☐ Non-Resident ☐

Name

DOB / DOI Taxpayer reference

Address (Residential / Registered)

Beneficiary 5 Resident ☐ Non-Resident ☐

Name

DOB / DOI Taxpayer reference

Address (Residential / Registered)

SECTION 4 - Analysis of income & capital

PART 1 - Analysis of income of trust for year of assessment

Taxable income (exc. dividend income)	Chargeability of the trust's income to be determined by reference to the provisions of the ITA 2010		£ <input type="text"/>
Non-taxable income		+	<input type="text"/>
Net dividend income <i>(derived from income chargeable under the ITA 2010)</i>		+	<input type="text"/>
Tax credit	£ <input type="text"/>		<u>MEMORANDUM PURPOSES ONLY</u>
			Not part of the trust income
Total income for the year of assessment			<input type="text"/>

PART 2 - Movement in capital in year of assessment

		£
Capital at start of year of assessment		<input type="text"/>
Capital added in year of assessment	+	<input type="text"/>
Capital distributed in year of assessment	-	<input type="text"/>
Capital at end of year of assessment	=	<input type="text"/>

SECTION 5 - Distribution made by the trust

If the trust has made a distribution during the year of assessment please
complete this section and attach a distribution return (Form ITT-C).

Has the trust made a distribution in the year of assessment?

Y ☐

N ☐

SECTION 6 - Declaration by Principal Acting Trustee**WARNING**

Providing false information in this return or the concealment of any part of the trust's income may result in a penalty being incurred in accordance with the provisions of sections 65 or 66 of the Income Tax Act 2010

I declare that the information contained in this tax return is correct and complete to the best of my knowledge and belief.

Signature

Date

Name of declarant

Any person signing this declaration must be an authorised signatory of the trust and if signing on behalf of a professional trustee must state the name of the individual signing the return and the capacity in which they are authorised to do so.