



**GOVERNMENT OF TONGA
Ministry of Revenue and Customs**

INCOME TAX ACT 2007

Income Tax Regulations 2008 (Regulation 24(3))

FORM 14

APPLICATION FOR THE NORMAL INCOME TAX TO APPLY AND NOT THE SMALL BUSINESS TAX FORM

This form is to be used by those INDIVIDUALS who are applying for the normal income tax to apply to them and not the small business tax.

Under the new small business tax provisions, the small business tax applies to an individual whose annual gross turnover is less than \$100,000 unless approval has been given by the Chief Executive Officer to that individual to remain in the normal income tax system. You must lodge this application by the 31st March preceding the commencement of the fiscal year or within such further time as the Chief Executive Officer may allow.

You will only be granted approval to remain in the normal income tax system if you have been/are keeping proper records and have a good record of lodging your tax returns. Proper records for a small business taxpayer are:

- Cash book recording daily sales (including credit sales) and purchases
- Salary and wage register (if employing staff)
- Quarterly inventory records and
- Records of expenditure

You must remain in the normal income tax system if your business consists of professional services such as medical, legal, accounting, financial, managerial, engineering, architectural, consulting or other similar services.

Approval to remain in the normal tax system remains in force until the Chief Executive Officer, on application in writing by the individual using Form 15, permits the individual to be subject to the small business tax. An application to be subject to small business tax where an individual has been previously granted approval to remain in the normal tax system cannot be made within 3 years of the date of service of the notice granting the person permission to remain in the normal income tax system.

Please: complete the form and attached herewith:

1. copies of your cash book recording daily sales (including credit sales) and purchases
2. a salary and wage register;
3. quarterly inventory records and
4. records of expenditures

Should any of the above not be provided (or their equivalent to the satisfaction of the Chief Executive Officer) your application will not be approved and you will be required to pay the small business tax

YOUR FULL NAME:

TRADING NAME (if any):

TIN (Taxpayer Identification Number) if issued:

(before this application can be granted you must have a TIN. Please contact us to obtain one – you will need to complete Form 3 – Individual Application for TIN available from our office or from our website www.revenue.gov.to)

YOUR ADDRESS:

Specific Location/Street Address:

Postal Address (if different):

Phone Number:

Fax Number:

Email Address:

Date of first year of operation :

YOUR COMPLIANCE HISTORY WITH MINISTRY OF REVENUE AND CUSTOMS

1. Income Tax (IT) Details:

Last Income Tax Lodged (Financial Year) : _____ Financial Year/s not yet lodged : _____

INCOME TAX Arrear

Financial Year/s : _____
Amount : _____
Penalties : _____
Total : _____

2. Consumption Tax (CT) Details

Last CT lodged (Month) : _____ Month/s not yet lodged : _____

CT Arrear

CT Period : _____
Amount : _____
Penalties : _____
Total : _____

3. PAYE Details

Last PAYE lodged (month) : _____ Month/s not yet lodged : _____

PAYE Arrear

PAYE Period : _____
Amount : _____
Penalties : _____
Total : _____

4. PAYE Reconciliation Details

Last PAYE Reconciliation lodged (Financial Year) : _____ Financial Year (s) not yet lodged : _____

5. Customs Details

- 1). Import Duty Arrear : _____
- 2). Excise Duty Arrear : _____

6. Record Keeping details

- 1. cash book recording daily sales (including credit sales) and purchases YES/NO
- 2. a salary and wage register (if employing staff) YES/NO
- 3. quarterly inventory records and YES/NO
- 4. records of expenditures YES/NO

DECLARATION:

I declare the above information is true and complete.

Signature : _____

Name : _____

Date: ___ / ___ / ___

Position : _____

FOR OFFICIAL USE ONLY

Date of Receipt of Application: ___ / ___ / ___ Receiving Officer: _____

Recommendation (including any Conditions that should be applied to issuing the Notice):

Recommending Officer: _____

Date of Recommendation: ___ / ___ / ___

Approving Officer: CHIEF EXECUTIVE OFFICER _____

Date : _____

Date of Issue of Notice: ___ / ___ / ___

