## Form 093



## MINISTRY OF FINANCE

## **DIVISION OF REVENUE & TAXATION**

REPUBLIC OF THE MARSHALL ISLANDS POST OFFICE BOX 29 – MAJURO, MARSHALL ISLANDS, MH. 96960 CABLE REPMAR TAXPAYER PLEASE FILL IN APPROPRIATE YEAR

20\_\_\_\_

## NON-RESICENT GROSS INCOME TAX RETURN

|                                                                                                                                         |                                                                            |                    | (See                   | e other side of this form fo | r instruction | ıs)     |                               |                |                             |         |         |          |         |            | ,     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|------------------------|------------------------------|---------------|---------|-------------------------------|----------------|-----------------------------|---------|---------|----------|---------|------------|-------|--|
| A.                                                                                                                                      | BUSINESS NAME/MARSHALL ISLANDS CLIENT                                      |                    |                        |                              |               |         | B. M.I. IDENTIFICATION NUMBER |                |                             |         |         |          |         |            |       |  |
| c.                                                                                                                                      | ADDRESS                                                                    |                    |                        |                              |               | D.      | QU                            | QUARTER ENDING |                             |         |         |          |         |            |       |  |
|                                                                                                                                         |                                                                            |                    |                        |                              |               | E.      | BU                            | USINIESS FORM  |                             |         |         |          |         |            |       |  |
|                                                                                                                                         | F. LOCATION OF BUSINESS/ NON-RESICENT PERSON                               |                    |                        |                              |               |         |                               |                | [ ] Client [ ] Non-Resident |         |         |          |         |            |       |  |
| F.                                                                                                                                      | LOCATION                                                                   |                    | Other country          |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
|                                                                                                                                         |                                                                            |                    | (Speci                 | ify)                         |               |         |                               |                |                             |         |         |          |         |            |       |  |
| G. BUSINESS ACTIVITY (IES) [NON-RESICENT PERSON]                                                                                        |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| _                                                                                                                                       |                                                                            | (Specify)          |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| ·                                                                                                                                       |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
|                                                                                                                                         |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
|                                                                                                                                         |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
|                                                                                                                                         |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| NOTE: If                                                                                                                                | you intend                                                                 |                    | transfer your business | before the due date fo       | r filing any  | quarter | ly ret                        | urn, y         | ou mu                       | st file | a final | l returi | n and p | ay the     | e tax |  |
| due at the time you terminate, sell or transfer your property.  1. TOTAL GROSS INCOME/FEES PAID FOR THE PERIOD January 1-March 31, 19   |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
|                                                                                                                                         |                                                                            | OSS INCOME/FEES PA |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| 3.                                                                                                                                      | i Transition                                                               |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| 4.                                                                                                                                      | I. TOTAL GROSS INCOME/FEES PAID FOR THE PERIOD October 1-December 31, 19   |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| 5.                                                                                                                                      | TOTAL OF LINES 1,2,3 and 4                                                 |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| 6.                                                                                                                                      | LESS GROSS INCOME FEES PAID NOT SUBJUCT TO TAX [Attach detailed statement] |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| 7.                                                                                                                                      | . GROSS INCOME/FEES PAID SUBJECT TO TAX                                    |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| 8.                                                                                                                                      | 8. TAX ON AMOUNT SHOWN ON LINE 7 (10% of line 7)                           |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| 9.                                                                                                                                      | 9. TAX PAID PREVOUS QUARTER(S)                                             |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| 10. TAX DUE THIS QUARTER [line 8 minus line 9]                                                                                          |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| 11. PENALTY CHARGE [If return is filed after the deadline complete this line. See instructions on other side of return for computation] |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| 12. INTEREST [If return is filed after the deadline complete this line. See instructions on other side of return for computation]       |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| 13.                                                                                                                                     | TOTAL DU                                                                   |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
| DECLARATION: I declare that this return is, to the best of my knowledge and belief, true and correct                                    |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
|                                                                                                                                         |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
|                                                                                                                                         | SIGNATURE TITLE                                                            |                    |                        |                              |               |         |                               |                |                             |         |         | DATE     |         |            |       |  |
|                                                                                                                                         |                                                                            |                    |                        | FOR OFFICE USE               | ONLY          |         |                               |                |                             |         |         |          |         |            |       |  |
| DATE FII                                                                                                                                | LED                                                                        | DATE PAID          | AMOUNT PAID            | ACCT. CREADITE               | RECEIPT       | NO.     |                               | VERI           | FIED E                      | BY.     |         | POS      | TED BY  | <b>′</b> . |       |  |
|                                                                                                                                         |                                                                            |                    |                        |                              |               |         | 1                             |                |                             |         |         |          |         |            |       |  |
|                                                                                                                                         |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |
|                                                                                                                                         |                                                                            |                    |                        |                              |               |         |                               |                |                             |         |         |          |         |            |       |  |