



Income Tax Return for Companies or Juristic Partnerships

under Section 67 Bis of the Revenue Code

P.N.D.51

Company or Juristic Partnership

Taxpayer Identification Number

Name.....

(Please clearly specify: Company Limited, Public Company Limited, Partnership Limited, etc.)

Office address: Building.....Room No.....Floor No.....

Village.....No.....Moo.....Soi/Lane.....

Road.....Sub-District.....

District.....Province.....

Post Code Tel.....

Accounting Period

From: Date Month Year(B.E.)

To: Date Month Year(B.E.)

(1) Ordinary filing

(2) Additional filing: No. of.....time(s)

Juristic Person Registration No.

Tax Computation

- 1. General case
- 2. Tax rate reduction case (please specify)
 - (2.1) (2.2) (2.3) (2.4) (2.5)
 - (2.6) (2.7) (2.8)
- 3. The Revenue Department approves
- 4. Tax exemption case
 - Total Partial

D.....

U.....

Date.....

Receipt No.....

Amount.....Baht

(.....)

Tax Computation and Payment

- 1. One half of estimated net profits
- 2. Actual net profits of the first six months of accounting period

Item 1 Taxable income and tax computation

Amount

1. One half of estimated <input type="checkbox"/> (1) taxable net profits <input type="checkbox"/> (2) net losses (from item 2 1. (7))	<input type="text"/>
2. <input type="checkbox"/> (1) taxable actual net profits <input type="checkbox"/> (2) net losses (from item 2 2. (4))	<input type="text"/>
3. Gross receipts before deduction of expenses (For tax payment from gross receipts) (from item 2 3.)	<input type="text"/>
4. Computed tax	<input type="text"/>
5. Less (1) withholding income tax and tax paid by other person	<input type="text"/>
(2) tax granted rate reduction of 50% from normal rate	<input type="text"/>
(3) tax paid under P.N.D.51 form (for additional filing)	<input type="text"/>
->Total	<input type="text"/>
6. Remaining income tax <input type="checkbox"/> to be paid <input type="checkbox"/> paid in excess	<input type="text"/>
7. Plus surcharge (if any)	<input type="text"/>
8. Total income <input type="checkbox"/> to be paid <input type="checkbox"/> paid in excess	<input type="text"/>

For a company or juristic partnership that meets criteria, procedures and conditions prescribed by the Director General of the Revenue Department and pays tax based on **actual net profits**,.....(pages) of **financial statement** (which were reviewed and certified by a tax auditor authorised by the Director General of the Revenue Department, for the first six months of the accounting period) and **tax auditor's certification statement** are attached herewith.

Certification Statement of Director, Partner, or Manager

I wish to hereby certify that the particulars within this **P.N.D.51** tax return are correct, complete and true in all respects, and agree to be bound by the such particulars and I wish to request for reduction to surcharge in the case where a company must pay surcharge under section 67 Bis (1) of the revenue code.

Signature

(.....)

Signature

(.....)

Position Filing Date : Date.....Month.....Year (B.E.).....

Position



Personal Identification Number (of tax auditor)	Name of Tax Auditor	Registration No.	Taxpayer Identification Number (of tax audit office)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Report Date of Tax Auditor: Date.....Month.....Year(B.E.).....

Personal Identification Number (of accounting personnel)	Name of Accounting Personnel	Code No.	Taxpayer Identification Number (of accounting office)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Warning: Please declare items in the tax form truthfully and completely. Declaring false information for tax evasion purpose is considered to commit offence and must face punishment under the Revenue Code.

