



# Income Tax Return for Foundations or Associations

under Section 68 and Section 69 of the Revenue Code

## P.N.D.55

### Foundation or Association

**Taxpayer Identification Number** --

**Name**.....  
(Please clearly specify: Foundation, Association, 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.**

D.....

U.....

Date.....

Receipt No.....

Amount.....Baht

(.....)

### Taxable Income and Tax Computation

	Taxable Income	% of Tax Rate	Tax Amount
1. Income under section 40(8) of the Revenue Code	<input type="text"/>	2	<input type="text"/>
2. Other incomes	<input type="text"/>	10	<input type="text"/>
<b>3. Total</b>			<input type="text"/>
4. Less withholding tax			<input type="text"/>
5. Less tax paid under P.N.D.55 (in the case of additional filing)			<input type="text"/>
6. <input type="checkbox"/> Additional income tax payment			<input type="text"/>
<input type="checkbox"/> Excess income tax payment			<input type="text"/>
7. Surcharge (if any)			<input type="text"/>
8. <b>Total</b> <input type="checkbox"/> Additional income tax payment			<input type="text"/>
<input type="checkbox"/> Excess income tax payment			<input type="text"/>

### Request for Tax Refund

- I wish to request refund for excess tax payment.
- I do not wish to request refund for excess tax payment.

### Certification Statement of Director, Partner, or Manager

I have examined the particulars in this **P.N.D.55** form, and agree to be bound by the such particulars. I hereby certify that they are correct, complete and true, and are supported by complete and correct accounting documentation, which are certified by the tax auditor

- conditionally.
- unconditionally.

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