



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.**.....

A taxpayer liable to file tax return form P.N.D. 55 must regularly file the tax return for every accounting period irregardless of the amount of income that the taxpayer received

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"/>
3. Total			<input type="text"/>
4. Less withholding tax (attached document(s).....Page(s))			<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="checkbox"/> Excess income tax payment			<input type="text"/>
7. Surcharge (if any)			<input type="text"/>
8. Total <input type="checkbox"/> Additional income tax payment <input type="checkbox"/> Excess income tax payment			<input type="text"/>

Request for Tax Refund

I wish to request refund for excess tax payment.

Signature

Position

Signature

Position

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



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.

Signature

Position

Signature

Position

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



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.