Tax Year 2008

Personal Income Tax Return

Half year Tax year 2008

for Taxpayers with Income in Section 40 (5)(6)(7)(8) of the Revenue Code

P.N.D.94

Taxpayer Personal Identification No.

Birth date ...../...../.....

Taxpayer Identification No.

(Fill in only for taxpayer with no personal identification no.)

Name.....Surname.....

(Please clearly specify: Mr.,Mrs., Miss, title, ordinary partnership or body of persons)

Address: Building.....Room No.....Floor No.....Village Name.....

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

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

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

Post Code **Tel**.....Home.....Office.....

A Tax Computation

1.Income (Specify).....

Less expense ..... % Actual

Income after deduction of expense.....

2.Income (Specify).....

Less expense ..... % Actual

Income after deduction of expense.....

3.Income (Specify).....

Less expense ..... % Actual

Income after deduction of expense.....

4.Income (Specify).....

Less expense ..... % Actual

Income after deduction of expense.....

5.**Income from sale of shares in retirement mutual fund**

Less purchasing price

Difference in the case where selling prices>purchasing price

Exempted Not Exempted

6.**Income from sale of shares in long-term equity fund**

Less purchasing price

Difference in the case where selling prices>purchasing price

Exempted Not Exempted

Total 1 to 6 To be filled in C

B Allowances and Exemptions after Deduction of Expenses

1. Taxpayer (15,000 Baht or 30,000 Baht)

2. Spouse (15,000 Bath In the case of no income**)**

3. Child 7,500 Bath, No. of persons

Child 8,500 Bath, No. of persons

4. Father Mother (Fill in personal indentification number)

Father of taxpayer

Mother of taxpayer

Father Mother (Fill in personal indentification number)

Father of spouse with no income

Mother of spouse with no income

5. Health Insurance Premium for Taxpayer's and Spouse's Parent

Father of taxpayer(Fill in personal indentification number)

Mother of taxpayer

Father of spouse

Mother of spouse

6.Life insurance premium

7.Payment for purchase of shares in retirement mutual fund

8.Payment for purchase of shares in long-term mutual fund

9.Interest paid on loan for purchase. hire-purchase or construction of residence building

10. Total 1. to 9. to be filled in C

Personal Identification No.

Birth date ...../...../.....**for taxpayer over 65 years of age please also fill in eligibilty form**

Taxpayer Identification No.

(Fill in only for taxpayer with no personal identification no.)

Spouse :

(1) has no income (2) has income

Name.....Surname.....

(Clearly specify : Mr., Mrs., Miss or title)

Taxpayer Status

(1) Individual

(2) Deceased during tax year

(3) Undivided estate

(4) Ordinary partnership

(5) Non-juristic body of persons

Reciept Book No.....Serial No.....

Amount.....Baht

Signed.....Cashier

Date...../...../.....

C Tax Computation

1.Income after deduction of expenses

(sum total form the last item of A)

2.Less allowances, etc. (form B10.)

3.Income after deduction of allowances (1.-2.)

4.Less contribution to education

(2 times of the contribution paid but not exceeding 10%of 3.)

5.Less contribution to sports (1.5 times of the contribution paid but not exceeding 20% of 3)

6.Income after deduction of contribution to education (3.-4.-5.)

7.Less donation (not exceeding 10% of 6.)

8.Net income(6.-7.)

9.Tax computed from net income in 8.

10.Tax computed from assessable income exceeding 60,000 Bath (deduction of expense from A 1.to A 6. .....x 0.005)

11. Income tax payable

(the greater amount between 9. and 10.)

12. Tax payable from Income Statements in Special Ad hoc Development Zone

13.Total tax payable

14.Less withholding income tax

15.Remaining tax (13.-14.)

In the case of **Additional filing** **Late filing**

16.Less tax payment from P.N.D. 94

(In the case of Additional payment)

17. Additional tax payment (15. - 16.)

18.Plus surcharge (if any)

19.Total tax additional payment (17. - 18.)

Certification Statement

I hereby certify that the particulars given above are true

Signed .....Taxpayer

Signed .....Representative

(.....)

In capacity of .....

Address*(of representative)*.....

Filing date.....