



STATEMENT FOR THE PURPOSE OF SECTION 195 OF THE INLAND REVENUE ACT,  
NO. 24 OF 2017 AND SECTION 58 OF THE INLAND REVENUE (AMENDMENT) ACT,  
NO. 10 OF 2021

(All details should be filled by considering the position of the year of assessment 2019/2020 –from  
01.04.2019 to 31.03.2020)

**1. Name of the person**

.....

**2. Name and address of the business organization or entity**

.....  
.....  
.....

**3. Type of the person’s business organization or entity (cut it out the irrelevant):**

Sole proprietorship / Partnership / Limited liability Company / Other

**4. TIN** .....

**5. Gross turnover of the year of assessment commencing on April 1, 2019 (2019/2020)**

**Rs.** .....

**6. If the person is an individual taxpayer and such individual is, (tick the relevant)**

a. a partner of a partnership

Yes	No
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b. a director of a company

Yes	No
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c. a shareholder of a company

Yes	No
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d. indirectly control other entries or benefit received from other entities

Yes	No
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(through the ownership of other entities)

**6.1 If the individual is a partner of partnership/s,**

Name of the Partnership	TIN	% of the Ownership

**6.2** If the individual is a director of company/ies,\*

Name of the Company	TIN	% of the Ownership

**6.3** If the individual is a shareholder of company/ies\*

Name of the Company	TIN	% of the Ownership (Direct/Indirect)		
		Capital	Income	Voting Power

**7. If the person is not an individual taxpayer and such person is,** (tick the relevant)

a. a partner of a partnership

Yes	No
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b. a shareholder of a company

Yes	No
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c. indirectly control other entries or benefit received from other entities  
(through the ownership of other entities)

Yes	No
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**7.1** If the person is a partner of partnership/s

Name of the Partnership	TIN	% of the Ownership

7.2 If the person is a shareholder of company/ies\*

Name of the Company	TIN	% of the Ownership (Direct/Indirect)		
		Capital	Income	Voting Power

I declare to the best of my knowledge and belief that all particulars furnished in this statement are accurate and complete. I am aware that making a misleading or false statement to a tax official is an offence.

Name of the Declarant: .....

Designation: .....

(Proprietor /Partner/Director/ Secretary /Principal Officer /Duly Authorized Agent)

Signature:

Date:

\*Consider all companies incorporated under the Companies Act (Other than the companies which strike off the names from the company name register) and ignore the shareholders who are having less than 10% of shareholding of relevant company, during the year of assessment 2019/2020. You may use separate sheets, if the given space is not enough.

**Note:** This statement shall be considered as a statement to a tax official and a person who makes false or misleading in a material particular shall be liable for a penalty under Section 181 of the Inland Revenue Act, No. 24 of 2017 or for any criminal proceedings under Section 190 of the said Act.

