



**Employer's Annual Wages Tax Withholding
Information Form**

**TLRS Form No
TLRS-WR1**

**Lodgment due 15 March 2007
Payment if there has been a shortfall is due 15 March 2007**

Instructions on how to complete this form may be found on page 2

Total Gross Wages Paid		
Total Gross Amount of Wages Paid during 2006 tax year	05	

WAGES TAX RECONCILIATION		
Total amount of wages tax payments made to the TLRS in respect of the 2006 tax year.	10	
Total amount of wages tax deducted from your employees wages in respect of the 2006 tax year.	20	
Difference (if line 20 exceeds line 10, this is a shortfall).	30	

If the amount that you have at line 10 is not the same as the amount at line 20, refer to instructions on page 2 about what to do.

EMPLOYEE INFORMATION	
Total number of paid employees employed as at 31 December 2006.	

TAXPAYER NAME:	TIN:	
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EMPLOYERS DECLARATION:

I, (full name) declare that the information that I have provided on this form is true, complete and correct.

Signature:

Telephone Number:

Date: ____ / ____ / ____

Timor Leste Revenue Service

Payment Slip – Wages income tax shortfall payment for the year ended 31 December 2006

Amount Paid \$ _____

TIN:

Bank Account Number: 286442.10.001

General Instructions for Completing your Annual Wages Information Form

This form must be completed if you paid wages to any of your employees for all or part of the year. The form must generally be completed at the end of the financial year and after any deductions for the last payment period have been paid. This form, together with any payment, is due on 15 March following the end of the previous year. If this day falls on a weekend or a public holiday, the form and payment are due on the next business day.

Complete three copies of the Annual Wages Tax Information Form.

If you have a shortfall payment to make you must present all copies of the form, together with the payment, to the Banco Nacional Ultramarino (BNU). Or if you live outside Dili:

- **Baucau** - present the forms and the payment to a BNU Branch.
- **Maliana** – present the forms and the payment to a BNU Branch or Government of Timor Leste District Finance Officer.

The BNU, or the District Finance Officer will stamp the forms and retain two copies for the Timor Leste Revenue Service (TLRS). **One copy will be returned to you for your records.**

If you do not have a payment to make you must lodge the forms directly at one of the following TLRS District offices:

- **Dili District Office** – located in the Justice Building on the corner of Don Fernando and Jacinto de Candido Streets (west of the Lyceum).
- **Baucau District Office** – Vilanova St., Kota Baru, Baucau
- **Maliana District Office** – Holsa St. Maliana

Total Gross Wages Paid: Enter the total amount of wages paid to all employees during the 2006 year.

Wages Tax Reconciliation:

- **At line 10** enter the total amount of Wages Tax you paid to the TLRS during the 2006 year.
- **At line 20** enter the total amount of Wages Tax you deducted from employees' wages during the year.
- **At line 30** enter the difference between **Line 10** and **Line 20**. If Line 20 is greater than Line 10 you have a shortfall and must pay the amount using the payment slip on page 1 of this form. If Line 20 is less than Line 10 you have an overpayment and should seek advice at the Dili District Office.

Employee Information: Enter the number of employees you had employed as at 31 December 2005. This includes both those employees who are subject to wages tax and those who are not.

Taxpayer Name: Enter the registered taxpayer name and TIN number here.

Employers Declaration: Enter you name, signature and the date.

Payment Slip: If you have a payment to make complete this section and present with payment at the BNU or to the District Finance Officer in Baucau or Maliana. Refer to payment location details above.

CHANGE OF TAXPAYER DETAILS: Only complete this section if your details have changed and you have not already informed the TLRS about the changes

A	Change of taxpayer (legal) name. You must attach documentary evidence verifying your name change to this form.
1. Sole Trader (i.e. Individual Enterprise):	
Family Name:	First Name:
Other Names:	
2. Enterprises other than sole trader:	
New Enterprise Name:	

B	Change of trading name. This is the name by which your customers or suppliers know you.
New Trading Name:	

C	Address for correspondence
House / Bldg No:	Street Name:
Village:	Sub District: District:

D	Contact Details
Contact name:	
Contact Nos.:	Tel No: Mobile Phone:
Fax No:	Email Address: