

# BPT Return INSURANCE COMPANIES

BPT TIN (Taxpayer Identification Number)

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Your TIN as it appears on your Notification of Registration

Taxpayer Name

Your name as it appears on your Notification of Registration

Accounting Period

D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
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From To  
These are the dates specified in your financial statements

Auditor Registration Number

Registration number of the auditor who audited your financial statements

**Please complete pages 2 to 9 before filling in this page.**

## COMPUTATION OF TAX PAYABLE

	(Rounded off)
<b>A</b> Profit / (loss) before loss relief <i>(Transferred from Box 84)</i>	<input type="text"/>
<b>B</b> Loss carried forward from previous tax year <i>(Please attach explanations)</i>	<input type="text"/>
<b>C</b> Loss of holding company or 99% owned subsidiaries <i>(Please attach explanations and supporting documents)</i>	<input type="text"/>
<b>D</b> Taxable profit / (loss) <i>(Box A minus Boxes B and C)</i>	<input type="text"/>
<b>E</b> Tax-free threshold <i>(Amount calculated by using the formula below)</i>	<input type="text"/>
<b>F</b> Profit subject to tax <i>(Box D minus Box E)</i>	<input type="text"/>
<b>G</b> Tax liability for the year <i>(Multiply Box F by the applicable rate of tax)</i>	<input type="text"/>
	<input type="radio"/> 15% <input type="radio"/> 5%
<b>H</b> Foreign tax credit <i>(Please attach explanations and supporting documents)</i>	<input type="text"/>
<b>I</b> Tax payable for the year <i>(Box G minus Box H)</i>	<input type="text"/>
<b>J</b> First interim payment	<input type="text"/>
<b>K</b> Second interim payment	<input type="text"/>
<b>L</b> Final payment <i>(Box I minus Boxes J and K)</i>	<input type="text"/>
<b>M</b> Amount being paid	<input type="text"/>

If the amounts in Boxes L and M are different, please provide an explanation below.

**Tax-free threshold in Box E must be calculated using the formula:**

$$\frac{\text{Number of days in your accounting period}}{365} \times \frac{\text{MVR } 500,000^*}{A+1^{**}}$$

\* If your return is completed in United States Dollar, replace this amount with USD 32,425.

\*\* If you are a company in a group of companies, A is the number of subsidiaries in the group which are within the charge to BPT. If not, A is 0 (zero).

### Document Checklist

Tick the documents you have presented with this Return.

- |                                                                                                         |                                                          |                                            |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Statement of Comprehensive Income                                              | <input type="checkbox"/> Auditor's Report                | <input type="checkbox"/> Directors' Report |
| <input type="checkbox"/> Statement of Cash Flows                                                        | <input type="checkbox"/> Statement of Financial Position |                                            |
| <input type="checkbox"/> Notes to the financial statements                                              | <input type="checkbox"/> Statement of Changes in Equity  |                                            |
| <input type="checkbox"/> Explanations and supporting documents for Boxes B, C, H, 33, 38, 51, 52 and 56 |                                                          |                                            |

### Declaration

I declare that the information in this Return is true and correct and represents my assessment as required under the Business Profit Tax Act (Law Number 5/2011), and that I am authorised to sign this Return.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Other Names	Contact Number	
<input type="text"/>			<input type="text"/>	<input type="text"/>
Designation			Date	Signature & Seal

### For Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By	Received Date	Voucher Number	Verified By

## **BUSINESS PROFIT TAX ASSESSMENT**

All legislative references are to the Business Profit Tax Act (Law Number 5/2011) and Business Profit Tax Regulation (Regulation Number 2011/R-35), as amended.

- **In computing your taxable profit, you must include:**
  - **income from general insurance business derived ONLY from the Maldives**
  - **ONLY investment income from your life insurance business, which is derived in the Maldives and outside the Maldives.**
  
- **If you conduct ONLY general insurance business, you must apportion your indirect expenditure on an acceptable fair and reasonable accounting basis between your:**
  - **general insurance business income derived from the Maldives; and**
  - **general insurance business income derived outside the Maldives.**
  
- **If you conduct ONLY life insurance business, you must apportion your indirect expenditure on an acceptable fair and reasonable accounting basis between your:**
  - **investment income; and**
  - **other income**

**derived from your worldwide life insurance business.**
  
- **If you conduct BOTH general insurance business and life insurance business, you must apportion your indirect expenditure on an acceptable fair and reasonable accounting basis between your:**
  - **general insurance business income derived from the Maldives;**
  - **general insurance business income derived outside the Maldives;**
  - **investment income derived from your worldwide life insurance business, and**
  - **other income derived from your worldwide life insurance business.**

**I What is the basis of preparing your accounts?**

*This is the basis you have opted under Section 8(c) or (d) of the Regulation*

- (a) Accrual basis
- (b) Cash basis

**II What is your presentation currency?**

*This is the currency you have chosen to prepare your financial statements, under Section 67 of the Regulation*

- (a) Rufiyaa
- (b) United States Dollar

**III Type of audit opinion**

- (a) Unqualified
- (b) Qualified
- (c) Disclaimer
- (d) Adverse
- (e) Not required to audit

**IV Record keeping**

- (a) Computerized
- (b) Semi-computerized
- (c) Manual

**V Number of employees at the end of the accounting period**

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Maldivians

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Expatriates

**VI Details of subsidiaries within the charge to BPT**

*To be completed ONLY by holding companies. Use additional sheets if necessary.*

Name of the subsidiary	TIN	Percentage shareholding

**VII Details of financial interest in any shares outside the Maldives**

*Provide details of all private limited companies and those public limited companies in which you hold more than 5% of shares. Use additional sheets if necessary.*

Name and address of the entity	Country of incorporation	Investment (at cost)	Percentage of total investment

**VIII Details of immovable property**

*If you are a resident, list all the immovable properties in and outside the Maldives. If you are a non-resident with a permanent establishment in the Maldives, list the immovable properties which relates to your operation in the Maldives. Use additional sheets if necessary.*

Address of the property	Country	Total investment (at cost)

**IX Details of bank accounts**

*If you are a resident, provide details of both local and foreign bank accounts. If you are a non-resident with a permanent establishment in the Maldives, provide details of all bank accounts which are used for your operation in the Maldives. Use additional sheets if necessary.*

Account name	Account number	Account currency	Name and address of the bank

### General Insurance Business

Amounts in Boxes 1 to 54 must relate to the general insurance business income derived from the Maldives ONLY

**1** Gross premium income

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**2** Less: Premiums refunded to insured parties

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**3** Add: Reinsurance premiums

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**4** Box 2 plus Box 3

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**5** Box 1 minus Box 4

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**6** Less: Claims paid

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**7** Claims reported and payable but unpaid at the end of the year

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**8** Less: Claims reported and payable but unpaid at the beginning of the year

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**9** Box 7 minus Box 8

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**10** Box 6 plus Box 9

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**11** Less: Re-insurance recoveries

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**12** Add: Expected net recoveries in respect of claims made

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**13** Box 11 plus Box 12

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**14** Box 10 minus Box 13

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**15** Box 5 minus Box 14

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**16** Less: Unexpired risk reserve at the end of the year

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**17** Less: Unexpired premium reserve at the end of the year

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**18** Box 16 minus Box 17

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**19** Less: Unexpired risk reserve at the beginning of the year

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**20** Less: Unexpired premium reserve at the beginning of the year

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**21** Box 19 minus Box 20

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**22** Box 18 minus Box 21

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**23** Box 15 minus Box 22

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**24** Less: Estimated claims incurred but not reported (IBNR) at the end of the year

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**25** Less: Estimated claims incurred but not reported (IBNR) at the beginning of the year

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**26** Box 24 minus Box 25

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**27** Box 23 minus Box 26

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**28** Less: Agency expenses

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**29** Allowable head office expenses (applicable only to non-residents with a permanent establishment in the Maldives)

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30 Box 28 plus Box 29


31 Box 27 minus Box 30

**Add: Investment and other income**

32 Dividends

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33 Less: Dividends derived from resident companies (Tax Ruling Number TR-2012/B17)  
(Please attach explanations)

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34 Box 32 minus Box 33

35 Interest

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36 Other income

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37 Balancing charge (Transferred from the Statement of Balancing Allowance / Balancing Charge on Page 9)

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38 Realised gains on disposal of assets not subject to balancing charge (Please attach explanations and supporting documents)

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39 Sum of Boxes 34 to 38

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**Add: Deductions not allowed**

40 Expenses incurred to generate receipts which have suffered withholding tax

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**Less: Deductions allowed**

41 Capital allowance (Transferred from the Statement of Capital Allowance on Page 8)

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42 Balancing allowance (Transferred from the Statement of Balancing Allowance / Balancing Charge on Page 9)

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43 Employee welfare expenses allowed under Section 30 of the Regulation

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44 Pension expenses allowed under Section 32 of the Regulation

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45 Irrecoverable debts relating to transactions entered into after the commencement of the Act

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46 Receipts which have suffered withholding tax

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47 Loan interest to approved institutions

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48 Loan interest to individuals and non-approved institutions at a rate not exceeding 6% per annum

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49 Zakat al-mal allowed under Section 23 of the Regulation

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50 Cost of low-value assets allowed under Section 43 of the Regulation

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51 Allowable realised losses on disposal of assets not subject to balancing allowance (Please attach explanations and supporting documents)

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52 Other deductible expenditure incurred in deriving income from general insurance business excluding related party remuneration and donations (Please attach explanations and supporting documents)

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53 Sum of Boxes 41 to 52

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54 Taxable profit from general insurance business (Box 31 plus Boxes 39 and 40 minus Box 53)

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## Life Insurance Business

Amounts in Boxes 55 to 75 must relate to the investment income derived from ALL sources

### Add: Investment income

- 55 Dividends
- 56 Less: Dividends derived from resident companies (Tax Ruling Number TR-2012/B17)  
*(Please attach explanations)*
- 57 *Box 55 minus Box 56*
- 58 Interest
- 59 Other investment income
- 60 Gains / (losses) on disposal of investment assets
- 61 *Sum of Boxes 57 to 60*
- 62 Less: Management, commission and administration expenses, each related to deriving investment income only
- 63 *Box 61 minus Box 62*
- 64 Life insurance premiums received in the Maldives
- 65 Less: Life insurance agency expenses in the Maldives relating to premiums received in the Maldives
- 66 Add: Allowable head office expenses relating to premiums received in the Maldives (applicable only to non-residents with a permanent establishments in the Maldives)
- 67 *Box 65 plus Box 66*
- 68 Net life insurance income received in the Maldives *(Box 64 minus Box 67)*
- 69 Total life insurance premiums received
- 70 Less: Total life insurance agency expenses
- 71 Add: Total head office expenses (applicable only to non-residents with a permanent establishment in the Maldives)
- 72 *Box 70 plus Box 71*
- 73 Net life insurance income received *(Box 69 minus Box 72)*
- 74 Proportion of net life insurance income derived from the Maldives *(Box 68 divided by Box 73)*
- 75 Taxable life insurance investment income *(Box 63 multiplied by Box 74)*




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76 Specified profit / (loss) (Box 54 plus Box 75)

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**Less: Remuneration**

77 10% of specified profit (Box 76 multiplied by 0.10. Enter zero if Box 76 is negative)

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78 Remuneration paid to persons specified in Section 11(c) of Act

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79 Allowable remuneration (Lower of Box 77 or Box 78)

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80 Taxable profit / (loss) before donations (Box 76 minus Box 79)

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**Less: Donations made to approved charitable organisations**

81 5% of taxable profit before donations (Box 80 multiplied by 0.05. Enter zero if Box 80 is negative)

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82 Donations made to approved charitable organisations (Transferred from the Statement of Donations on Page 10)

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83 Allowable donations (Lower of Box 81 or Box 82)

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84 Profit / (loss) before adjustments (Box 80 minus Box 83)

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Transfer to **A**

85 Gross operating revenue

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86 Gross non-operating revenue

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87 Total revenue from all sources

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88 Gross profit

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89 Total assets

Beginning of the accounting period

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End of the accounting period

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90 Total non-current assets

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91 Total liabilities

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92 Trade receivables

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93 Non-current liabilities

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94 Inventory

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95 Total equity

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## STATEMENT OF CAPITAL ALLOWANCE

No.	Asset category	Rate (%) 1	Cost of assets 2	Capital allowance at cost 3	Notional adjustment 4	Accumulated capital allowance claimed 5	Written down value 6	Claimable capital allowance 7
1	Buildings	4						
2	Aircraft	7						
3	Wooden marine vessels	7						
4	Other marine vessels	5						
5	Furniture and fittings	10						
6	Motor vehicles	20						
7	Earth moving vehicles	5						
8	Plant and equipment (excluding office equipment)	10						
9	Office equipment	20						
10	Computer software	33 $\frac{1}{3}$						
11	Crockery, cutlery, utensils, linen, loose tools	33 $\frac{1}{3}$						
12	Other assets	10						
13	Intangible assets	-						

**TOTAL**

**The amounts for each column must first be calculated separately for individual assets and the sum for the category entered in each column.**

↓  
Transfer to 41

<sup>1</sup> Capital allowance rates under Section 50 of the Regulation.

<sup>2</sup> Cost of the assets which have positive written down value on the commencement of the accounting period *plus* cost of assets acquired during the accounting period (which have been used for more than half of the accounting period), *minus* cost of assets disposed off during the accounting period.

<sup>3</sup> Apportion the figures in this column from the start of your accounting period to the end of your accounting period.

For tangible assets: Column 1 *multiplied* by column 2.

For intangible assets: Cost price of the intangible asset *divided* by its estimated useful life (in years).

<sup>4</sup> Notional adjustment to the cost of the assets held at the date of commencement of the Act.

<sup>5</sup> Capital allowance claimed for the preceding years.

<sup>6</sup> Column 2 *minus* column 4 and 5.

<sup>7</sup> Lower of column 3 and column 6.



**STATEMENT OF BALANCING ALLOWANCE / BALANCING CHARGE**

No.	Asset category	Cost of disposed asset 8	Accumulated capital allowance claimed for the disposed asset 9	Written down value 10	Disposal value 11	Gain/loss on disposal 12	Capital gain 13	Balancing charge / (Balancing allowance) 14	
								Balancing charge 14.1	Balancing allowance 14.2
1	Buildings								
2	Aircraft								
3	Wooden marine vessels								
4	Other marine vessels								
5	Furniture and fittings								
6	Motor vehicles								
7	Earth moving vehicles								
8	Plant and equipment (excluding office equipment)								
9	Office equipment								
10	Computer software								
11	Crockery, cutlery, utensils, linen, loose tools								
12	Other assets								
13	Intangible assets								
<b>TOTAL</b>									

**The amounts for each column must first be calculated separately for individual assets and the sum for the category entered in each column.**



<sup>8</sup> Actual cost of the asset disposed.  
<sup>9</sup> Accumulated capital allowance claimed after the date of commencement of the Act.  
<sup>10</sup> Cost of the asset *minus* accumulated capital allowance (notional adjustment plus capital allowance claimed for the preceding years)  
<sup>11</sup> Proceeds from disposal of the asset (consideration from the sale less expenses directly related to the sale).  
<sup>12</sup> Column 11 *minus* column 10.  
<sup>13</sup> Column 11 *minus* column 8 (if the answer is negative, enter zero).  
<sup>14</sup> Column 13 *plus* lower of column 9 and column 12 (if the answer is positive, enter the amount in 14.1. if answer is negative, enter the amount in 14.2).

**STATEMENT OF DONATIONS**

No.	Date of donation 1	Name of donee 2	Details of donation 3	Amount of donation 4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15	Total from additional sheets (if any)			

**TOTAL**

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Transfer to 82

<sup>1</sup> This is the date on which you made the donation.  
<sup>2</sup> Write the name of the body, association or public institution approved by the MIRA to which you made the donation.  
<sup>3</sup> If you donated money, write "Cash". If your donation is in kind, write the details of assets you have donated.  
<sup>4</sup> If you donated money, enter the amount of your donation. If your donation is in kind, enter the cost of the assets you donated.