

2020



TAX RETURN FORM A

Income tax
Premiums A.O.V./A.W.W./A.V.B.Z.

Date of: **I. Issue: *January 1, 2021***

II. Return: *May 31, 2021*

For tax payers living on Sint Maarten
Fiscal year January 1, 2020 to December 31, 2020

The tax return form has to be returned to the Tax Administration, Sint Maarten within 5 months after the date of issue. Form must be filled out and signed.

Note! No extension will be granted after the return date.

Note! Make a copy of the form for your own file.

Authorization

If you wish, you can opt for the Receiver's Offices to deposit your refundable Income tax and social premiums directly on your bank account. In case you wish to make use of this, please fill in the following authorization.

I authorize the Receiver to deposit the refund.

	Tax payer	Spouse
Bank account number:		
Name of Bank:		
Signature:		

Signing of the form

I hereby declare to have filled out this Tax Return form (including enclosures) clearly, truthfully and without any reservation.	Date:
Signature of tax payer:	Name of spouse: Signature of spouse:

1 Personal data

1a If your name address, ID or CRIB number are not correctly stated on the first page, please state the correct data.

1b Your telephone number(s)/email.

Home: _____

Work: _____

Email: _____

1c Did you and/or your spouse establish yourself /her(him)self in or permanently departed Sint Maarten after January 1, 2020?

No

Yes, myself

Yes, my spouse

If so, fill in your former residency and the date of establishment or departure

Former place

of residence: _____

New address: _____

Date of establishment: _____

Date of departure: _____

1d Civil status. Put an X by the one which is applicable.
(Permanently separated is considered as not married).

Unmarried throughout 2020. Continue with question 1i.

Married throughout 2020. Continue with question 1e.

Married part of 2020.

Fill in the date which is applicable:

Date of marriage: _____

Date of divorce: _____

(The date as of when you started living permanently separate).

Date spouse died: _____

1e State the name and ID or CRIB number of spouse whose data are not or not correctly stated in the form.

Name: _____

ID or CRIB number: _____

(ID number when not in possession of a CRIB number)

1f Did your spouse have own income in 2020?

No, go to question 1i.

Yes, go to question 1g.

1g Are you married under the separate estate arrangement?

No, go to question 1i.

Yes, go to question 1h.

1h Are you requesting for separate levy of the components of the net income other than the personal income and the personal deductions?

No

Yes (if this is your first request then you must enclose the marriage settlement).

1i Trade/profession/occupation in 2020?

Yourself: _____

Your spouse: _____

2 Other

2a Is the expatriate regulation applicable to you or your spouse in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes, to myself <input type="checkbox"/> Yes, to my spouse
2b Is the “pensionado” regulation applicable to you or your spouse in 2020? If you have indicated yes, also mention if you have requested for application of the 5% - (old, without the BRK protection) or the 10% rate (new, with BRK protection).	<input type="checkbox"/> No <input type="checkbox"/> Yes, myself <input type="checkbox"/> Yes, my spouse <input type="checkbox"/> 5 % <input type="checkbox"/> 10 % <input type="checkbox"/> Fictitious fl. 150,000.= <input type="checkbox"/> Fictitious fl. 500,000.= _____ _____
2c Did you request a reduction of the wage tax in 2020?	<input type="checkbox"/> No <input type="checkbox"/> Yes, myself <input type="checkbox"/> Yes, my spouse
2d Do you employ domestic personnel?	<input type="checkbox"/> No <input type="checkbox"/> Yes, namely _____ <i>(Fill in the number of persons).</i>
2e Did you, your spouse and/or minor child(ren) have income from sources abroad in 2020? If so: From which countries? What did the income consist of?	<input type="checkbox"/> Yes, myself <input type="checkbox"/> Yes, my spouse <input type="checkbox"/> Yes, my (minor) child <input type="checkbox"/> No _____ _____
2f Are you or your spouse requesting for the prevention of double taxation?	<input type="checkbox"/> No <input type="checkbox"/> Yes, myself. (Fill in Model D on page 20). <input type="checkbox"/> Yes, my spouse. (Fill in Model D on page 20).
2g Are you or your spouse requesting application of a special rate? If so: on which income and for which amount?	<input type="checkbox"/> No <input type="checkbox"/> Yes, myself <input type="checkbox"/> Yes, my spouse _____

2h Did you, your spouse or minor child(ren) possess any of the following in 2020;

- Shares in a limited liability company?
- Other stocks (shares and bonds)?

If you ticked yes, mention legal person(s) and the extent of interest.

- No
- Yes, namely _____
- No
- Yes, namely _____

2i Did you, your spouse or minor child(ren) receive income from undivided estate in 2020?

- Yes, myself fl _____
 - Yes, my spouse fl _____
 - Yes, my (minor) child fl _____
 - No
-

3 Income from employment, pensions and allowances.

Note! Use the data from the wage tax card.

Man

Income from present employment and AOV/AWW-allowances

Name and address of employer	Premiums AOV/AWW		Premiums AVBZ	Wage tax	Wages
	employee's part	total premiums	total premiums		
_____	fl _____	fl _____	fl _____	fl _____	fl _____
_____	fl _____	fl _____	fl _____	fl _____	fl _____
_____	fl _____ +	fl _____ +	fl _____ +	fl _____ +	fl _____ +
_____	fl _____	fl _____	fl _____	fl _____	fl _____ A

Income from past employment (pensions)

Name and address of person to withhold Wage tax	Premiums AOV/AWW		Premiums AVBZ*	Wage tax	Wages
	employee's part	total premiums	total premiums		
_____	fl _____	fl _____	fl _____	fl _____	fl _____
_____	fl _____	fl _____	fl _____	fl _____	fl _____
_____	fl _____ +	fl _____ +	fl _____ +	fl _____ +	fl _____ +
_____	fl _____	fl _____	fl _____	fl _____	fl _____ B

Fill in at question 3a

A plus B

fl _____

Woman

Income from present employment and AOV/AWW-allowances

Name and address of employer	Premiums AOV/AWW		Premiums AVBZ	Wage tax	Wages
	employee's part	total premiums	total premiums		
_____	fl _____	fl _____	fl _____	fl _____	fl _____
_____	fl _____	fl _____	fl _____	fl _____	fl _____
_____	fl _____ +	fl _____ +	fl _____ +	fl _____ +	fl _____ +
_____	fl _____	fl _____	fl _____	fl _____	fl _____ A

Income from past employment (pensions)

Name and address of person to withhold Wage tax	Premiums AOV/AWW		Premiums AVBZ*	Wage tax	Wages
	employee's part	total premiums	total premiums		
_____	fl _____	fl _____	fl _____	fl _____	fl _____
_____	fl _____	fl _____	fl _____	fl _____	fl _____
_____	fl _____ +	fl _____ +	fl _____ +	fl _____ +	fl _____ +
_____	fl _____	fl _____	fl _____	fl _____	fl _____ B

Fill in at question 3a

A plus B

fl _____

* Note ! The payable premiums AVBZ on pensions (not AOV-allowances) amounts 1,5 %.

	Man	Woman
3a Total income considered for withholding wage tax. (See above)	fl _____	fl _____
3b Car owned by the business. (Please enclose documents for evidence).	fl _____	fl _____
3c Other income derived from labor (extra earnings) (Please enclose documents for evidence and specification).	fl _____	+ fl _____
3d Add: 3a plus 3b plus 3c	fl _____	fl _____

	Man	Woman
3e Pension premiums (employee's part)	fl _____	fl _____
3f Savings or provision funds (5%, max. fl. 840)	fl _____	fl _____
3g Fixed deduction (fl 500) or real expenses* (Please enclose documents for evidence and specification).	fl _____	+ fl _____
3h Add: 3e plus 3f plus 3g		fl _____ - fl _____ -
3i Deduct: 3d minus 3h (If negative fill in 0).		Fill in at question 6a

fl _____	fl _____
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*Deduction of business expenses is not applicable in income derived from past employment.

4 Net proceeds from enterprise or occupation

Note! Enclose the balance sheet and a profit and loss statement, stating the name and address of the enterprise.

	Man	Woman
4a Proceeds from enterprise or occupation	fl _____	fl _____
4b Deduct: investment allowance	fl _____	- fl _____ -
4c Subtract: 4a minus 4b	fl _____	fl _____
4d Add: desinvestment allowance	fl _____	+ fl _____ +
4e Add: 4c plus 4d	fl _____	fl _____
4f Proceeds from undivided estate	fl _____	fl _____
4g Costs related to undivided estate	fl _____	- fl _____ -
4h Subtract: 4f minus 4g	fl _____	+ fl _____ +
4i Add: 4e plus 4h		Fill in at question 6b
4j Turnover according to the annual statement for the income tax	fl _____	fl _____
4k Minus: total of sales according to turnover tax forms	fl _____	- fl _____ -
4l Subtract: 4j minus 4k	fl _____	fl _____

fl _____	fl _____
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Here you have to explain the difference between 4j and 4k

5 Net proceeds from rights to periodical benefits that are part of your personal income

		Man	Woman
5a	Scholarship/ disability allowance/ allowance due to closing of business/ allowance due to divorce or allowance due to divorce from bed and board.	fl _____	fl _____
5b	Deduct: Deductible costs related to these proceeds	fl _____ -	fl _____ -
5c	Subtract: 5a minus 5b	fl _____	fl _____
5d	Proceeds from undivided estate	fl _____	fl _____
5e	Costs related to undivided estate	fl _____ -	fl _____ -
5f	Subtract: 5d minus 5e	fl _____ +	fl _____ +
5g	Add: 5c plus 5f <i>If negative fill in 0.</i>	fl _____	fl _____
	<i>Note! Fill in the negative amount on page 21.</i>		
5h	Deduct: deductible expenses of previous years not taken into consideration	fl _____ -	fl _____ -
5i	Subtract: 5g minus 5h	Fill in at question 6c	
	Note! Enclose all documents for evidence!	fl _____	fl _____

6 Calculation of personal income

		Man	Woman
6a	Income from employment, pensions and allowance	fl _____	fl _____
	Question 3i		
6b	Net proceeds from enterprise or occupation	fl _____	fl _____
	Question 4i		
6c	Net proceeds from periodical benefits (which form part of your personal income)	fl _____ +	fl _____ +
	Question 5i		
6d	Add: 6a plus 6b plus 6c	Fill in summary list	
		fl _____	fl _____

7 Personal reduction

		Man	Woman
7a	Employee's part AOV/AWW premiums	fl _____	fl _____
	See question 3/page 5		
7b	AOV/AWW premiums paid on assessment in 2020	fl _____ +	fl _____ +
7c	Add: 7a plus 7b	fl _____	fl _____
7d	Deduct: AOV/AWW premiums refunded in 2020	fl _____ -	fl _____ -
7e	Subtract: 7c minus 7d	fl _____	fl _____
7f	Premiums of life insurance, annuities or pensions insurance Mention the insurance company, the policy number, the amount and the maturity date(s) of the annual premiums. Note! Please enclose documents for evidence!	fl _____	fl _____
7g	ZOG premium	fl _____ +	fl _____ +
7h	Add: 7e plus 7f plus 7g	Fill in summary list	
		fl _____	fl _____

8 Set off of losses

Mention the amount of the set-off of losses for the years 2015, 2016, 2017, 2018 and 2019 from yourself and your spouse.

Set off of losses (yourself)				
Year	Loss	Losses already compensated in previous years	Losses to be compensated in calendar year	Losses still to be compensated
2015				
2016				
2017				
2018				
2019				
		Fill in summary list	Total	

Set off of losses (your spouse)				
Year	Loss	Losses already compensated in previous years	Losses to be compensated in calendar year	Losses still to be compensated
2015				
2016				
2017				
2018				
2019				
		Fill in summary list	Total	

9 Basic reduction and allowances

Child allowance

Please fill in the following information of the child(ren).

First name in full / Initials	Last name	Date of birth	Address if it is not the same as yours	If applicable: type of education, including name and address of the institution

		Man	Woman
Category I:	_____ x fl. 742 / 1.484	fl _____	fl _____
Category II:	_____ x fl. 370 / 740	fl _____	fl _____
Category III:	_____ x fl. 95 / 190	fl _____	fl _____
Category IV:	_____ x fl. 75 / 150	fl _____	fl _____ +
9a Child allowance	Total	fl _____	fl _____
9b Basic reduction	fl. 2.086	fl _____	fl _____
9c Sole earner allowance	fl. 1.393	fl _____	fl _____
9d Senior allowance	fl. 1.052 / 1.579	fl _____	fl _____ +
9e Add: 9a upto and including 9d	Fill in summary list	fl _____	fl _____

Note! If applicable fill in model A, B or C (page 19).

Note! For children 16 years or older, also enclose the registration form of the educational institute.

For married persons

Note! If you have been married throughout the year then the spouse with the lowest personal income (see question 6) has only to fill in summary list A (page 16). The spouse with the highest personal income has to report the non independent income and the deductible expenses, by filling in where applicable the remaining questions.

If you are married under the separate estate arrangement and requesting separate levy, you will also have to fill in Summary list C in order to determine the division of the net income.

For unmarried persons

Note! You have to fill in the remaining questions if applicable to you.

10 Proceeds from periodical payments not being part of your personal income

10a Annuities and allowances		fl _____
10b Deduct: Deductible costs related to these proceeds		fl _____ -
10c Subtract: 10a minus 10b		fl _____
10d Proceeds from undivided estate	fl _____	
10e Costs related to undivided estate	fl _____ -	
10f Subtract: 10d minus 10e		fl _____ +
10g Add: 10c plus 10f <i>If negative fill in 0.</i>		fl _____
Note! Fill in the negative amount on page 21.		
10h Deduct: deductible expenses of previous years, not taken into consideration		fl _____ -
10i Subtract: 10g minus 10h	Fill in summary list	fl _____
Note! Enclose all documents for evidence!		

11 Proceeds from immovable(s)

Note! Declare 65% of the rental proceeds, as in so far not being used for exploiting an enterprise or occupation.

11a Proceeds from immovables		fl _____
11b Interests on debts and costs of loans	fl _____	
11c Premiums life-insurance	fl _____ +	
11d Add: 11b plus 11c		fl _____ -
11e Subtract: 11a minus 11d		fl _____
11f Proceeds from undivided estate	fl _____	
11g Costs related to undivided estate	fl _____ -	
11h Subtract: 11f minus 11g		fl _____ +
11i Add: 11e plus 11h <i>If negative fill in 0.</i>		fl _____
Note! Fill in the negative amount on page 21.		
11j Deduct: deductible expenses of previous years, not taken into consideration		fl _____ -
11k Subtract: 11i minus 11j	Fill in summary list	fl _____
Note! Enclose all documents for evidence!		

Mention address of the immovable(s).

Mention the name of the creditor, and the amount of the debt on December 31, 2020.

12 Net income of minor child(ren)

12a Income of your minor child(ren) (other than the personal income and the personal deductions of your minor child(ren)) fl _____

12b Proceeds from undivided estate fl _____

12c Costs related to undivided estate fl _____ -

12d Subtract: 12b minus 12c fl _____ +

12e Add: 12a plus 12d **Fill in summary list** fl _____

Note! Enclose the documents and a specification.

For more information, consult the explanatory brochure!

13 Interests and dividends

13a Interest received on domestic savings (savings account)		fl _____
13b Interest received on foreign savings (savings account)		fl _____
13c Interest received on bonds and other claims		fl _____
13d Foreign dividends (not derived from foreign investments companies)		fl _____
13e Fictitious return (profit from foreign investments companies and exempted companies not paid out)		fl _____ +
13f Add: 13a upto and including 13e		fl _____
13g Deduct: Deductible costs related to these proceeds.		fl _____ -
13h Subtract: 13f minus 13g.		fl _____
13i Proceeds from undivided estate	fl _____	
13j Costs related to undivided estate	fl _____ -	
13k Subtract: 13i minus 13j		fl _____ +
13l Add: 13h plus 13k <i>If negative fill in 0.</i>		fl _____
Note! <i>Fill in the negative amount on page 22.</i>		
13m Deduct: deductible expenses of previous years, not taken into consideration		fl _____ -
13n Subtract: 13l minus 13m	Fill in summary list	fl _____

Note! Enclose all documents for evidence!

Balances on December 31, 2020

Total of domestic bank balances and other claims	fl _____
Total of foreign bank balances and other claims	fl _____

Cash money to an amount of more than fl. 5.000 Yes
 No

14 Other income

Substantial interest

- 14a** Regular proceeds from substantial shareholding fl _____
- 14b** Fictitious return (profit from foreign investment companies and exempted companies not paid out) fl _____ +
- 14c Add: 14a plus 14b** fl _____
- 14d Deduct:** Deductible costs related to these proceeds fl _____ -
- 14e Subtract: 14c minus 14d** fl _____
- 14f** Proceeds from undivided estate fl _____
- 14g** Costs related to undivided estate fl _____ -
- 14h Subtract: 14f minus 14g** fl _____ +
- 14i Add: 14e plus 14h** *If negative fill in 0.* fl _____

Note! *Fill in the negative amount on page 22.*

- 14j Deduct:** deductible expenses of previous years, not taken into consideration fl _____ -
- 14k Subtract: 14i minus 14j** **Fill in summary list** fl _____

- 14l** Benefits from alienation from substantial interest (enclose the calculation of the benefit and state to whom the shares were sold). fl _____

- 14m Deduct:** Deductible costs related to these proceeds. fl _____ -

- 14n Subtract: 14l minus 14m** **Fill in summary list** fl _____

Other income

- 14o** Other income (Lump sum, rent of movable property, etc.) fl _____
- 14p Deduct:** Deductible costs related to these proceeds fl _____ -
- 14q Subtract: 14o minus 14p** *If negative fill in 0.* fl _____

Note! *Fill in the negative amount on page 22.*

- 14r Deduct:** deductible expenses of previous years, not taken into consideration fl _____ -
- 14s Subtract: 14q minus 14r** **Fill in summary list** fl _____

Note! Enclose all documents for evidence!

15 Personal burdens

Note! Enclose documents for evidence!

Own residence

Only fill in this question if in 2020 you and/or your spouse had an own home at your disposal, which served as main residence.

Note! *The costs of maintenance, the interest on loans, etc of for example your second home or vacation home are not deductible.*

15a Costs of maintenance (*max. fl. 3000*) fl _____

15b Interest on debts and costs of loans and premium term life insurance (*max. fl. 27.500*) fl _____

15c Premiums fire and natural disasters insurance
(also applicable for other dwellings at your disposal) fl _____ +

15d Add: 15a plus 15b plus 15c fl _____

Mention the name of the creditor and the amount of the debt on December 31, 2020.

Annuities

15e Annuities, pensions, other periodical payments and allowances. fl _____

Mention the name, place of residence and ID- or CRIB number of the recipient and his/her relation with you.

Interest on loans

15f Interest of debts and the costs of loans (as far as not mentioned in question 15b).
Max fl. 2.500 for a single person and max. fl. 5.000 for a married person. fl _____

Mention the name of the creditor and the amount of debt on December 31, 2020.

Donations

15g Donations to institutions established on Sint Maarten fl _____

15h Deduct: 1% of the (combined) income (minimum of fl. 100) fl _____ -

15i Subtract: 15g minus 15h The difference should not exceed 3% of the (combined) income. fl _____ +

15j Add: 15d plus 15e plus 15f plus 15i **Fill in summary list** fl _____

16 Extraordinary burdens

Costs of living, sickness, childbirth, disability, death

16a Expenses for maintenance of:

- Children 27 years of age or older and next of kin* fl _____
- Sick or disabled children up to and including 26 years of age fl _____ +

Total fl _____

16b Deduct: Compensation related to these expenses fl _____ -

16c Subtract: 16a minus 16b fl _____

State the name, place of residence and ID- or CRIB number of the recipient and his/her relation with you.

*Maximum of fl 2.500 per supported person however the total amount must not exceed 10% of the (combined) income.

16d Expenses related to sickness, childbirth, disability and death fl _____

16e Deduct: Compensation related to these expenses fl _____ -

16f Subtract: 16d minus 16e fl _____

16g Add: 16c plus 16f fl _____

16h Deduct: threshold (5% of the (combined) income with a minimum of fl. 1.500) fl _____ -

16i Subtract: 16g minus 16h fl _____

Study

16j Expenses for training or study for a profession for yourself or your spouse fl _____

16k Deduct: Compensation related to these expenses fl _____ -

16l Subtract: 16j minus 16k fl _____

16m Expenses for the costs of study of children up to and including 26 years of age, attending a MBO, HBO, university or comparable type of education.
(fl 10.000 maximum per child per parent) fl _____

16n Deduct: Compensation related to these expenses fl _____ -

16o Subtract: 16m minus 16n fl _____

Note! Enclose all documents for evidence!

Mention name, place of residence and type of education of the children.

Mention also the amount of the child's own income.

16p Add: 16i plus 16l plus 16o

Fill in summary list

fl _____

Summary list A

Your income	Question 6d		fl _____ A
Personal deductions	Question 7h	fl _____	
Tax loss carryback	Question 8	fl _____ -	
			fl _____ - B
Your taxable income		Subtract: A minus B	fl <input type="text"/>
Basic reduction and allowances	Question 9e		fl _____

Summary list B

For: the single person (unmarried)

The spouse with the highest personal income: Man / Woman (cross out what is not applicable).

Your personal income	Question 6d	fl _____	
Periodical benefits	Question 10i	fl _____	
Immovable(s)	Question 11k	fl _____	
Interest and dividends	Question 13n	fl _____	
Other income:			
Regular proceeds	Question 14k	fl _____	
Benefits from alienation	Question 14n	fl _____	
Other income	Question 14s	fl _____ +	
Your income			fl _____ A
Personal deductions	Question 7h	fl _____	
Personal burdens	Question 15j	fl _____	
Extraordinary burdens	Question 16p	fl _____ +	
			fl _____ - B
Income minor children	Question 12e		fl _____ + C
Your net income		A minus B plus C	fl _____ D
Tax loss carryback	Question 8		fl _____ - E
Your taxable income		Subtract: D minus E	fl _____
Basic reduction and allowances	Question 9e		fl _____

Summary list C

For: Married persons who requested separate levy of the components of the net income other than the personal income and the personal deductions

		Man	Woman
Your personal income	Question 6d	fl _____	fl _____
Periodical benefits	Question 10i	fl _____	fl _____
Immovable(s)	Question 11k	fl _____	fl _____
Interest and dividends	Question 13n	fl _____	fl _____
Other income:			
Regular proceeds	Question 14k	fl _____	fl _____
Benefits from alienation	Question 14n	fl _____	fl _____
Other income	Question 14s	fl _____ +	fl _____ +
Your income		fl _____ A	fl _____ A
Personal deductions	Question 7h	fl _____	fl _____
Personal burdens	Question 15j	fl _____	fl _____
Extraordinary burdens	Question 16p	fl _____ +	fl _____ +
		fl _____ - B	fl _____ - B
Income minor children	Question 12e	fl _____ + C	fl _____ + C
Your net income	A minus B plus C	fl _____ D	fl _____ D
Tax loss carryback	Question 8	fl _____ - E	fl _____ - E
Your taxable income	D minus E	fl _____	fl _____
Basic reduction and allowances	Question 9e	fl _____	fl _____

Model A

For unmarried couples: combined request to the Inspector of Taxes

Question: 9

We request the transfer of the child allowance.

Name child(ren) _____

Your signature _____

Name and signature of your partner _____

ID or CRIB number of your partner _____

Model B

For single parent

Question: 9

I request double child allowance.

Your signature _____

Model C

For married persons: combined request to the Inspector of Taxes

Question: 9

We request the transfer of the senior allowance.

State the income of the spouse who is transferring the senior allowance.

Question: 9

We request the transfer of the child allowance.

Your signature _____

Signature of your spouse _____

Model D

Prevention of double taxation

Question 2f

Mention your income derived from abroad.

Note! You have to prove the origin of the income.

You also have to prove that taxes were paid or are owed over this income abroad.

Country	Nature of the income	Gross income	Expenses related to this income	Foreign tax

Deductible expenses which were not taken into consideration 2015 – 2020

Note! You can **only** deduct these expenses from positive proceeds from the same **source** of income for the following five years.

Question 5: Net proceeds from rights to periodical benefits, which form part of the personal income			
Year	Deductible costs	Costs already compensated in previous years	Costs to be compensated in calendar year
2015			
2016			
2017			
2018			
2019			
2020			
			Total

Question 10: Proceeds from periodical benefits, which do not form part of the personal income			
Year	Deductible costs	Costs already compensated in previous years	Costs to be compensated in calendar year
2015			
2016			
2017			
2018			
2019			
2020			
			Total

Question 11: Proceeds from immovable(s)			
Year	Deductible costs	Costs already compensated in previous years	Costs to be compensated in calendar year
2015			
2016			
2017			
2018			
2019			
2020			
			Total

Question 13: Interests and dividends			
Year	Deductible costs	Costs already compensated in previous years	Costs to be compensated in calendar year
2015			
2016			
2017			
2018			
2019			
2020			
			Total

Question 14: Regular benefits			
Year	Deductible costs	Costs already compensated in previous years	Costs to be compensated in calendar year
2015			
2016			
2017			
2018			
2019			
2020			
			Total

Question 14: Other income			
Year	Deductible costs	Costs already compensated in previous years	Costs to be compensated in calendar year
2015			
2016			
2017			
2018			
2019			
2020			
			Total

Space for additional information