

# Final tax return form for Profit Tax 2018

Calendar year 2018 or fiscal year ending in 2018

Country:	St. Maarten	
Deadline for filing:	<b>30 June 2019</b>	
Received on:		

**This tax return form is intended for:**

- ▶ Domestic taxpayers. This includes all entities that are established in St. Maarten. Entities that have been established under the laws of St. Maarten, but whose management is conducted outside of St. Maarten are also considered to be established in St. Maarten;
- ▶ Foreign taxpayers. This includes all entities that are not established in St. Maarten, but receive income from St. Maarten.

**Attention!** This tax return form is not applicable to taxpayers making use of the transitional arrangement for offshore companies, as announced in article VI of the Gazette publication, P.B. 2001 no. 145.

**The following documents must be submitted with this tax return form:**

- ▶ The fiscal and commercial opening and closing balance sheets and the corresponding explanatory notes;
- ▶ The fiscal and commercial profit-and-loss statements for the fiscal year and the corresponding explanatory notes;
- ▶ In the case of a fiscal unity, the consolidated as well as the separate fiscal and commercial opening and closing balance sheets, the profit-and-loss statements and the corresponding explanatory notes of the parent company and the subsidiaries;
- ▶ The annexes requested in this tax return form (only submit the annexes which are filled in);
- ▶ If applicable, an explanation of the differences between the fiscal and commercial annual reports;
- ▶ A copy of the deed of incorporation and the amendments thereof (unless it was submitted with a previous tax return).

**Attention!** All questions must be answered.

1 General information		
1a	<p>If the name, the address or the CRIB-number of the entity are not stated correctly on the form, please state the correct information here.</p> <p>What is the ending date of your book year?</p>	
		<input type="checkbox"/> December 31 <sup>st</sup> (same as the calendar year)
		<input type="checkbox"/> Another date, namely:
1b	<p>State the name, the address, the telephone number, e-mail address, and the capacity of the person who completes the tax return form and state the name of the person/company who is responsible for the bookkeeping. <i>Attach a copy of the power of attorney given to the person/company to this form.</i></p> <p>Please mention how to contact you if there are questions pertaining to this tax return form</p>	
		Telephone number:
		Email address:
1c	<p>What are the activities of the entity?</p> <p>Did the activities change throughout the course of the fiscal year?</p>	
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes. <i>Specify on Annex 1</i>
1d	<p>Have the business operations been discontinued? If so, on what date?</p> <p>In the case of liquidation: State the name and the address of the persons and/or representatives within St. Maarten who are in charge of the liquidation.</p>	<input type="checkbox"/> No
		<input type="checkbox"/> Yes. Date:
1e	<p>Was there any previous consultation with the Inspector of taxes on this tax return?</p>	<input type="checkbox"/> No
		<input type="checkbox"/> Yes. <i>Specify on Annex 1</i>

2 Specific situations		
2a (1f)	<p>In the case of a foundation, association or trust, does the entity conduct a business as referred to in article 1, par. 3 of the National Ordinance for the Profit Tax (OPT)?</p>	<input type="checkbox"/> Not applicable <input type="checkbox"/> No, not a business <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
2b (1s)	<p>Is the company a Tax Exempt company as referred to in article 1A, par. 1f OPT?</p>	<input type="checkbox"/> No. <i>Continue with question 2c</i> <input type="checkbox"/> Yes. <i>Attach a copy of the approval from the inspector or the written request to this form.</i>
	<p>Does the company still meet the conditions mentioned in article 1A, par. 1f OPT in the fiscal year?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Explain in Annex 2</i>
	<p>Was a declaration as referred to in article 1A, par. 10 or par. 13 OPT submitted to the Inspector of Taxes?</p>	<input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Send a copy with this form.</i>

2c	In the case of a private foundation or trust, is the entity considered to be a "Specific Fund" (Doelvermogen) as referred to in article 1B OPT?	<input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Attach a copy of the approval or the written request to this form.</i>
2d (1g)	Did the system for valuing assets and/or liabilities change in the fiscal year?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
2e (1q)	Did the taxpayer contribute or donate any capital to a Private Fund Foundation in the fiscal year?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
	Did the taxpayer receive any dispensation from a Private Fund Foundation in the fiscal year?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
2f (1h)	Was a pension plan realized or an existing pension plan amended in the fiscal year?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
	Does the pension plan relate to a shareholder?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
2g (1o)	Did any arbitrary/accelerated depreciation of business assets take place as referred to in article 5, par. 4 OPT?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
2h (1t)	Did the taxpayer make use of the gift allowance as referred to in article 7 OPT?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2 and in Summary</i>
2i (2b)	If you are operating an insurance company:	<input type="checkbox"/> Not applicable
	Is the taxpayer requesting calculation of profit on the basis of a percentage of the premiums and capital received as referred to in article 8, par. 1 and 2 OPT?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
	Is the taxpayer requesting calculation of the profit on the basis of the premium fraction method as referred to in article 8, par. 5 OPT?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
2j (1r)	If you are operating a shipping or aviation company, did the taxpayer make use of the shipping or aviation regulation as referred to in article 9A OPT?	<input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
2k (1l)	Did a merger of companies (bedrijfsfusie) take place as referred to in article 13 OPT?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
2l (1m)	Did the taxpayer have a permanent establishment or a permanent representative in the fiscal year?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
	Did the taxpayer convert a permanent establishment into an independent entity in the fiscal year?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
2m	Does the profit of a foreign permanent establishment consist mostly of dividends, interests and royalties?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 2</i>
	Was the profit of a foreign permanent establishment subjected to a nominal tax rate of at least 10%?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Please submit proof of such</i>
2n (1y)	Does the taxpayer request a deduction to avoid double taxation as referred to in article 15A, par. 3 OPT?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 8</i>

2o (2a)	Does the taxpayer receive any tax facilities based on:	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify Government or Admission Decree number on Annex 2</i>
	▶ the National Ordinance on Business Establishment and Hotel Construction;	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify Government or Admission Decree number on Annex 2</i>
	▶ the National Ordinance on Tax Facilities for Industrial Enterprises;	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify Government or Admission Decree number on Annex 2</i>
	▶ the National Ordinance on Hotel Renovation;	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify Government or Admission Decree number on Annex 2</i>
	▶ the National Ordinance on Ground Development;	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify Government or Admission Decree number on Annex 2</i>
	▶ the National Ordinance on Economic Zones .	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify Government or Admission Decree number on Annex 2</i>

3 Shares and Transactions		
3a	Does the entity have any shareholders?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on next page (page 5)</i>
3b (1u)	Did the distribution of the capital stock among the direct and indirect shareholders undergo any changes in the fiscal year?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 3</i>
3c (1v)	Were any shares of the taxpayer purchased (indirectly) in the fiscal year?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 3</i>
3d	Does the taxpayer have any subsidiaries?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on page 6</i>
3e (1w)	Did the taxpayer acquire, sell or dissolve a subsidiary on which the participation exemption applies in the fiscal year?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 6</i>
3f (1j)	Did transactions take place in the fiscal year or were agreements concluded with shareholders, individuals or (foreign) (sub)subsidiaries and other entities belonging to the group of companies?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 1</i>
3g (1p)	Did the taxpayer make use of the counter-proof regulation of article 6A, par. 2 OPT in the fiscal year?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 3</i>
3h (1x)	Did the taxpayer make payments or receive compensation in the fiscal year for loans or licenses as referred to in article 6B OPT?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 3</i>
3i (1i)	Was a written-down claim against an entity belonging to the same group of companies converted, alienated, transferred or waived as referred to in article 11A OPT?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Specify on Annex 3</i>

Complete this page if **question 3a** was answered with “yes”.

Shareholder information	Fiscal year beginning	Fiscal year end				Other information			
1	2	3	4	5	6	7	8	9	
Name, address and ID- or CRIB-number	Nominal value shares	Nominal value common shares	Nominal value preferred shares	Nominal value priority shares	Nominal share capital %	Distribution of profits	Capital contributions	Shareholder debt to / claim against company	Amount
								<input type="checkbox"/> Debt	NAf
								<input type="checkbox"/> Claim	NAf
								<input type="checkbox"/> Debt	NAf
								<input type="checkbox"/> Claim	NAf
								<input type="checkbox"/> Debt	NAf
								<input type="checkbox"/> Claim	NAf
								<input type="checkbox"/> Debt	NAf
								<input type="checkbox"/> Claim	NAf
								<input type="checkbox"/> Debt	NAf
								<input type="checkbox"/> Claim	NAf

(If more fields are needed, please copy this page.)

Complete this page if **question 3e** was answered with “yes”.

Subsidiaries												
1	2	3	4		5	6	7	8	9			
Name and CRIB-number	Country	Primary activity	Share percentage		Dividends	Non-deductible expenses	Is article 11 par. 5 applicable? Yes / No	Is article 11 par. 6 applicable? Yes / No	Debts to or claims against subsidiaries			
			Nominal value %	voting right %						Amount (NAf)	Interest %	Paid / received interest
									<input type="checkbox"/> Debt			
									<input type="checkbox"/> Claim			
									<input type="checkbox"/> Debt			
									<input type="checkbox"/> Claim			
									<input type="checkbox"/> Debt			
									<input type="checkbox"/> Claim			
									<input type="checkbox"/> Debt			
									<input type="checkbox"/> Claim			
									<input type="checkbox"/> Debt			
									<input type="checkbox"/> Claim			
									<input type="checkbox"/> Debt			
									<input type="checkbox"/> Claim			

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5 Fiscal profit		
5a	(Fiscal) equity at the end of the fiscal year	NAf
5b	Capital repayments in the fiscal year	NAf
5c	<b>Add: 5a plus 5b</b>	NAf
5d	(Fiscal) equity at the beginning of the fiscal year	NAf
5e	Capital contributions in the fiscal year	NAf
5f	<b>Add: 5d plus 5e</b>	NAf
5g	<b>Subtract: 5c minus 5f</b>	NAf
5h	Distributed dividends	NAf
5i	Profit tax paid/owed	NAf
5j	<b>Add: 5g plus 5h plus 5i</b>	<b>Fiscal profit</b> <i>copy to summary</i>

6 Non-deductible costs		
6a	Non-deductible costs as referred to in article 6 OPT (except par. 2c and 2d) <i>Specify in Annex 5</i>	NAf <i>copy to summary</i>

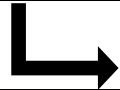
7 Non-deductible interests and payments		
7a	Interest and payments as referred to in article 6, par. 2c OPT	NAf
7b	Interest and payments as referred to in article 6, par. 2d OPT	NAf
7c	Interest as referred to in article 6A, par. 1 OPT	NAf
7d	Interest and payments as referred to in article 6B OPT	NAf
7e	Interest as referred to in article 14, par. 5 OPT	NAf
7f	<b>Add: 7a plus 7b plus 7c plus 7d plus 7e</b> <i>Specify in Annex 5</i>	<i>copy to summary</i>

8 Exempted profit (excluding the participation exemption)		
8a	Tax-exempted profit from a silent merger of companies (geruisloze bedrijfsfusie)	NAf
8b	Other tax-exempted profits (including article 6B OPT)	NAf
8c	<b>Add: 8a plus 8b</b> <i>Specify in Annex 5</i>	<i>copy to summary</i>



9 Participation exemption		
9a	100% tax-exempted benefits from participations	NAf
9b	70% tax-exempted benefits from low taxed passive participations	NAf
9c	<b>Add: 9a plus 9b</b>	NAf
9d	100% non-deductible costs from participations	NAf
9e	70% non-deductible costs from low taxed passive participations	NAf
9f	<b>Add: 9d plus 9e</b>	NAf
9g	<b>Subtract: 9c minus 9f</b> <i>Specify in Annex 5</i>	<i>copy to summary</i> NAf

10 Investment allowance		
10a	Investment allowance as referred to in article 5A, par. 1 OPT	NAf
10b	Disinvestment addition as referred to in article 5A, par. 2 OPT	NAf
10c	<b>Balance investment allowance / disinvestment addition</b> <i>Specify in Annex 7</i>	<i>copy to summary</i> NAf

11 Changes in permitted reserves			
		Increase	Decrease
11a	Accrued costs reserve as referred to in art. 9A, par. 7 OPT	NAf	NAf
11b	Insurance reserve as referred to in art. 9A, par. 7 OPT	NAf	NAf
11c	Asset replacement reserve as referred to in art. 6, par. 3 OPT	NAf	NAf
11d	<b>Add column Decrease: 11a plus 11b plus 11c</b>		NAf
11e	<b>Add column Increase: 11a plus 11b plus 11c</b>		NAf
11f	<b>Balance (changes in permitted reserves)</b> <i>Specify in Annex 5</i>	<i>copy to summary</i> NAf	

12 Foreign permanent establishment		
12a	Profit permanent establishment as referred to in article 12 OPT	NAf
12b	Loss permanent establishment as referred to in article 12 OPT	NAf
12c	<b>Balance: 12a minus 12b</b>	<i>copy to summary</i> NAf

<b>13 Loss compensation</b>						
	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>V</b>	<b>VI</b>
	<b>Year</b>	<b>Initial losses</b>	<b>Ordinary losses</b>	<b>Losses already compensated in previous fiscal years</b>	<b>Losses to be compensated in the current fiscal year</b>	<b>Losses to be compensated</b>
13a	<b>Older years</b>	NAf		NAf	NAf	NAf
13b	<b>2008</b>	NAf	NAf	NAf	NAf	NAf
13c	<b>2009</b>	NAf	NAf	NAf	NAf	NAf
13d	<b>2010</b>	NAf	NAf	NAf	NAf	NAf
13e	<b>2011</b>	NAf	NAf	NAf	NAf	NAf
13f	<b>2012</b>	NAf	NAf	NAf	NAf	NAf
13g	<b>2013</b>	NAf	NAf	NAf	NAf	NAf
13h	<b>2014</b>	NAf	NAf	NAf	NAf	NAf
13i	<b>2015</b>	NAf	NAf	NAf	NAf	NAf
13j	<b>2016</b>	NAf	NAf	NAf	NAf	NAf
13k	<b>2017</b>	NAf	NAf	NAf	NAf	NAf
13l	<b>Total</b>	NAf	NAf	NAf	NAf	NAf
					<i>copy to summary</i>	

Summary				
A	Fiscal profit	Question 5j	NAf	
B	Total gifts	Question 2h	NAf	
C	Profit correction in connection with written-down claims	Question 3i	NAf	
D	Non-deductible costs	Question 6	NAf	
E	Non-deductible interests	Question 7f	NAf	
F	<b>Add: A plus B plus C plus D plus E</b>			NAf
G	Tax-exempted profit ( <i>excluding the participation exemption</i> )	Question 8c	NAf	
H	Participation exemption	Question 9g	NAf	
I	<b>Add: G plus H</b>			NAf
J	Balance investment allowance / disinvestment addition	Question 10c	NAf	
K	Balance changes in permitted reserves	Question 11f	NAf	
L	Balance foreign permanent establishment	Question 12c	NAf	
M	<b>Add: J plus K plus L</b>			NAf
N	Taxable amount before loss compensation <b>F minus I plus (or minus) M</b>		NAf	
O	Losses to be compensated in this fiscal year	Question 13l, column V	NAf	
P	Taxable amount after loss compensation <b>Subtract: N minus O</b>			NAf
Q	Total gifts (see B above)		NAf	
R	1% of P (> NAf. 100)		NAf	
S	Deductible gifts <b>Subtract: Q minus R</b> (this amount cannot be more than 3% of P)			NAf
T	Taxable profit <b>Subtract: P minus S</b>			NAf
T1	Taxable profit in NAf <b>Currency ..... (rate .....)</b>			NAf
U	Taxed according to the normal tariff	NAf	x <b>34,5</b> %	NAf
V	Taxed according to a special tariff	NAf	x ..... %	NAf
W	Profit tax due <b>Add: U plus V</b>			NAf
X	Deduction for the prevention of double taxation	<i>Specify in Annex 8</i>		NAf
Y	Profit tax to be paid <b>Subtract: W minus X</b>			NAf

14 Turnover Profit Tax return vs Turnover Tax return		
14a	Turnover according to profit tax return for the fiscal year	NAf
14b	Total revenues according to turnover tax returns for the fiscal year	NAf
14c	<b>Subtract: 12a minus 12b</b>	NAf
14d	<i>Explain the difference between 12a and 12b here.</i>	

### Signature

I hereby declare to have completed this profit tax return form and the necessary annexes clearly, truthfully and without reservation.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



Annex 2 – Specific situations

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**Annex 4 – Fiscal Unity**


**Subsidiaries that were consolidated in the course of the fiscal year**

27	28	29	30
Name	Primary activity	Date consolidated	Previous shareholder(s) (name and address)

**Subsidiaries that were deconsolidated in the course of the fiscal year**

31	32	33	34
Name	Primary activity	Date deconsolidated	New shareholder(s) (name and address)

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**Annex 6**

**Shares alienated in the course of the year on which the participation exemption applies**

10	11	12	13	14	15
Name	Country	Primary activity	Shares (%) before alienation	Shares (%) after alienation	New shareholder(s) (name and address)

**Shares acquired in the course of the year on which the participation exemption applies**

15	16	17	18	19	20	21
Name	Country	Primary activity	Shares (%)	Amount paid for shares (NAf)	Purchase date	Previous shareholder(s) (name and address)

**Subsidiaries dissolved in the course of the year.**

22	23	24	25	26
Name	Country	Primary activity	Date dissolved	Gain / Loss (distributions +/- amount paid)
				NAf
				NAf

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**Annex 7**

<b>Investment allowance</b>						
<b>1</b>	<b>2</b>	<b>3</b>		<b>4</b>	<b>5</b>	
Description of the business asset	Investment amount (NAf)	Investment allowance		Transfer / disposal price (NAf)	Disposal (disinvestment) charge	
		Year 1	Year 2		Year 1	Year 2

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**Annex 8**

**Preventing double taxation**

Country	Description of the income subject to an income tax in another country	Gross income	Costs relating to the income	Foreign tax	Deductible amount
				<b>Total</b>	NAf

**Explanation**


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