

Partnership Return of Income for Year Ended 31 March 2020

DETAILS OF	DETAILS OF													
PARTNERSHIP	Tick if applicabl	Tick if applicable ▶ □ Final return (out of business)												
Name of partnership		TIN												
Contact telephone			Email											
number Nature of business			address											
Name and designation														
of nominated officer														
Caution: In Parts A th	rough C, only r	eport amounts allo	wed in comput	ing chargeable income.										
PAJRT A		(a)	(b)	(c)										
LESOTHO-SOURCE E INCOME & EXPENSE (Do not include foreign-s property, or other income	ource, e.)	Manufacturing income (complete only if the partnership has resident company partners)	Commercial farming income	Other business income (if the partnership has no resident company partners, include manufacturing income in addition to other business income)										
1. Business income (Sa investments, interest, prefrom business assets, etc. business income from others).	miums, gains , including net													
2. Total Expenses														
3. Current year net pr (line 1-2)	ofit or loss													
FART B FOREIGN-SOURCE B INCOME & EXPENSE (Do not include property	S	(a) Commercial far	rming income	(b) Other business income										
1. Foreign-source bus (Sales/ turnover, investme premiums, gains from but including net foreign-sout income from other partner and estates – attach scheen	iness income lents, interest, siness assets, etc. rce business erships, trusts,													
2. Total Expenses 3. Current year net pr 1-2)	ofit or loss (line													
PART C														
DRODEDTV INCOME	& EYDENCEC													
PROPERTY INCOME SECTION 1 – RENTAL EXPENSES (If more than one proper column, enter the totals I schedule showing the det property.)	ty in either and attach a	(a) Property situate	ed in Lesotho	(b) Property situated in a foreign country										
1a. Type of property (Single													

family/stand-alone house, apartment									
house, commercial building, land,									
commercial building etc.)									
1. Address of property									
1. Taddress of property									
2. Gross rents (including net rental									
income from other partnerships, trusts,									
and estates as shown on attached schedule)									
· · · · · · · · · · · · · · · · · · ·			L						
3. Total Expenses									
4. Net rental income or loss (line 2-3).									
SECTION 2 – INVESTMENT INCOME	(a)		(b)						
& EXPENSES	Lesotho-source inco	me	Foreign-source income						
5. Income or gains:									
a. Interest, dividends, and royalties									
b. Gains on the disposal of investment									
assets (attach schedule)									
c. Other property income (attach schedule -									
include property income from other									
partnerships, trusts, and estates)									
d. Total other income (5a+5b+5c)									
6. Expenses and losses from									
investment									
assets and donations paid to the Lesotho Sports and Recreation									
Commission (attach schedule)									
7. Net investment income or loss (5d-									
6)									
SECTION 3 – PROPERTY INCOME									
OR LOSS									
8. Current year net profit or loss									
(4+7)									
PAIRT ID	(a)	(b)							
	Lesotho-source	_	ign-source						
OTHER INCOME & EXPENSES	income	income							

PAIRT ID	(a) Lesotho-source	(b) Foreign-source	
OTHER INCOME & EXPENSES	income	income	
1. Other income (including net other			
income from other partnerships, trusts,			
and estates) (attach schedule)			
2. Expenses (attach schedule)			
3. Chargeable other income. In			
columns (a) and (b), enter line 1 minus line			
2. If zero or less, enter nil. In column (c),			
add columns (a) and (b) on this line			

PAIRT E FOREIGN TAX PAID	(a) Foreign-source net income	(b) Foreign tax paid on the amount in column (a)
1. Enter in col. (a) foreign-source commercial farming income from Part B, line 3, col. (a). Then complete column (b) on this line		
2. Enter in col. (a) foreign-source other business income from Part B, line 3, col. (b). Then complete column (b) on this line		
3. Enter in col. (a) foreign-source property income from Part C, line 8, col. (b). Then complete column (b) on this line		
4. Enter in col. (a) foreign source other income from Part D, line 3, col. (b). Then complete column (b) on this line		

PAIRT IF	
LESOTHO INCOME TAX WITHHELD	
1. Tax withheld on payments to the partnership as a Lesotho resident	
contractor (attach tax withholding certificate)	
2. Tax withheld on Lesotho-source interest income (attach tax withholding	
certificate or statement from another partnership)	

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IP.A	JRT G											
INFORMATION ON PARTNERS												
Name of partner (if more than 5 partners, attach schedule and list additional partners commencing with the letter F)		TIN	Postal address (including postal code)	Resident partner (Y=Yes; N=No)	Percent interest in the partnershi p							
A												
В												
C												
D												
E												

IPAIRT IHI

ALLOCATION TO PARTNERS OF INCOME OR LOSS AND TAX PAID OR WITHHELD (Columns must correspond to the partner lettering from Part G.)

IMPORTANT: The partnership must provide to each partner the information from the column below

that applies to that specific partner.												
Income or loss	Total	Partner A	Partner B	Partner C	Partner D	Partner E						
1. Manufacturing income from												
Part A, col. (a), line 3												
2. Lesotho-source												
commercial farming income												
from Part A, col. (c), line 3												
3. Lesotho-source other												
business income from Part A,												
col. (d), line 3												
4. Foreign-source commercial												
farming income from Part B,												
col. (a), line 3												
5. Foreign-source other												
business income from Part B,												
col. (a), line 3												
6 Lesotho-source property												
income or loss from Part C, col.												
(a), line 8												
7. Foreign-source property												
income or loss from Part C, col.												
(b), line 8												
8. Lesotho-source other												
income or loss from Part D, col.												
(a), line 3												
9. Foreign-source other income												
or												
loss from Part D, col. (b), line 3		D	D . D	D	D . D	D . E						
Foreign tax paid	Total	Partner A	Partner B	Partner C	Partner D	Partner E						
10. Foreign tax paid on												
commercial farming income												
from Part E, col. (b), line 1 11. Foreign tax paid on other												
business income from Part E,												
col. (b), line 2												
12. Foreign tax paid on rental												
income from Part E, col. (b),												
line 3												
13. Foreign tax paid on other												
income from Part E, col. (b),												
media from rare E, cor. (b),												

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line 4						
Lesotho tax withheld	Total	Partner A	Partner B	Partner C	Partner D	Partner E
14. Tax withheld on payments						
to the partnership as a Lesotho						
resident contractor from Part F						
line 1						
15. Tax withheld on Lesotho-						
source interest income from						
Part F, line 2						

Declaration of Paid Preparer (External tax consultant/accountant/auditor etc.) Skip this section if																										
there is no paid preparer.)																										
Based on all information of which I have any knowledge, I declare that the information given on this return is correct and complete and is a full statement of the income and gains chargeable to income tax for the year ended 31 March 2020. I understand that false statements can result in prosecution and imposition of penalties.																										
Signature of paid preparer											ate (onth		,													
Name of paid preparer											N of															
Firm's name											rm's															
Firm's TIN											iysic ldres															
Contact telephone number			•				•				nail ldres	SS														
Declaration of No	mi	nate	d O	ffic	er																					
I, the nominated officer, declare that the information given on this return is correct and complete and is a full statement of the income and gains chargeable to income tax for the year ended 31 March 2020. I understand that false statements can result in prosecution and imposition of penalties.												ıt														
Signature of officer					T	IN									ľ	Date non ear	(da th,)	ay,								
Postal address of off	icer	(P/B	ag o	or																						
P.O Box)														Post	tal (<i>C</i> od	le									
Contact telephone number						Email address																				
If there has been a contame of the previous							cer d	urii	ng t	he y	ear	of a	sse	ssm	en.	t, sh	iow	be	low	the	e da	te o	of ch	ange	e an	d the
Date of change (day, month, year): Name of previous nominated																										

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