Revenue Services Lesotho



Income Tax Return for Trusts and Estates for Year Ended 31 March 2023

3. Chargeable employment income (1d-2h)

	AD 505455	Tic	k if	apr	olica	able	•	□ F	inal	reti	urn	(tru	st to	erm	inat	ted	or	estat	e c	losed)	lf	
DETAILS OF TRUST	ORESTATE																	ı, yea				
Name of trus	t or estate										TI	Ν										
If an estate, name	e of deceased										TI	N										
Name and designation officer											<u>I</u>			!					I .		<u> </u>	
Caution: In Parts A th		amo	nunt	e a	llov	ved	lin	cor	nnı	ıtina	n ch	arc	ıeal	hle	inc	٥m						
PART A																						
EMPLOYMENT INCO employment income								tha	at h	ave	no	t be	en	tax	æd,	bu	t d	o no	t in	clude		
1.Employment information with the additional in	mation Attach Form						-	yer	(if ı	nor	e tł	nan	thr	ee	emp	olo	/er	s, att	acl	n a lis	t	
Name of employer(s)	Employer TIN(s)		(in t				fror)	Employed until (in the year 2022/23)					е	mp	iross loyme	ent				
(a)		Y	Y	Υ	Y	М	M	D	D	Y	Y	Y	Y	М	М	D	D					
(b)		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	М	M	D	D					
(c)		Y	Υ	Υ	Y	M	M	D	D	Y	Y	Y	Υ	М	M	D	D					
Period during the Tax Year when the			Y	Y	Y	M	M	D	D	Y	Y	Y	Y	М	M	D	D					
Taxpayer was unem than two such period		Y	Y	Y	Y	М	M	D	D	Y	Y	Y	Y	М	М	D	D					
with the additional in	nformation).	Y	Υ	Υ	Y	М	M	D	D	Υ	Υ	Y	Υ	М	M	D	D					
1d. Total gross emp	oloyment income (1a	+1b-	+1c																			
2.Unreimbursed empand donations	ployment-related ex	pens	ses							ı	Ded	luct	ible	ar	nou	nt						
a. Travel expenses ir																						
b. Education expens																						
c. Expenses for techd. Motor vehicle exp			ı jol	urna	us a	arid																
e. Home office expe		// IX																				
•	utions to an employer	sup	era	nnu	atio	on f	und															
'	ne Lesotho Sports and F																					
2h. Total unreimbur (2a+2b+2c+2d+2e+2		elate	d e	хрє	ns	es a	and	do	nati	ions	\$											

PART B

PENSION INCOME

(Do not include pension income that relates to employment carried on in a foreign country and taxed in that country or, if the deceased retired before 11 March 1993, any war pension or gratuity paid by the Lesotho Government)

1. Pension information

Attach Form P.16 for each pension payer (if more than two pension payers, attach a list with the additional information)

Name of employer(s)/ pension payer(s)	Employer(s)/Pension payer(s)TIN(s)	Pension start date (in the year 2022/23)								Pension end date (in the year 2022/23)							Gross pension income	
(a)		Y	Y	Υ	Y	M	M	D	D	Υ	Y	Υ	Y	М	М	D	D	
(b)		Y	Υ	Υ	Υ	М	М	D	D	Y	Y	Υ	Υ	М	М	D	D	
Period during the Tax		Y	Υ	Υ	Y	M	M	D	D	Υ	Y	Y	Y	М	М	D	D	
income (if more than three such periods, attach list with the				Υ	Y	М	М	D	D	Υ	Υ	Υ	Υ	М	М	D	D	
additional informatio		Υ	Υ	Υ	Υ	М	М	D	D	Υ	Υ	Υ	Υ	М	М	D	D	
c. Total gross pension income (1a+1b)																		
2. Donations paid to the Lesotho Sports and Recreation Commission (Do not include amounts deducted on line 2g in Part A)																		
3. Chargeable pension income (1c-2)																		

PART C BUSINESS INCOME & EXPENSES Do not include commercial farming, property, or otherincome. If more than one business in either column, enter the totals here and attach a schedule showing the details for each business.)	(a) Lesotho - source business income	(b) Foreign - source business income	(c) Total business income
Principal /Mainbusiness or profession, including product or service			
Name and physical address or location of business			
1. Business income (Sales/turnover, investments, interest, premiums, gains from business assets, etc. attach schedule)			
2. Total Expenses			
3. Subtotal (1-2)			
4. Business income or loss from partnerships (attach schedule)			
5. Business income from other trusts and estates (attach schedule)			
6. Net profit or loss (lines 3+4+5)			
7. Share of net profit on line 6 to which beneficiaries are entitled* (if a loss, enter nil)			
8. Amount taxable to trust or estate (line 6-line 7)			
9. Losses brought forward from prior years			
10. Chargeable business income (In columns (a) and (b), enter line 8-line 9. If zero or less, enter nil. In column (c), add columns (a) and (b) on this line)		-	

^{*}Treat nonresident beneficiaries as residents for this purpose.

PART D COMMERCIAL FARMING INCOME & EXPENSES (Do not include other business, property, or other income. If more than one farm in either column, enter the totals here and attach a schedule showing the details for each farm.)	(a) Lesotho - source commercial farming income	(b) Foreign - source commercial farming income	(c) Total commercial farming income
Principal / Maincrop or activity			
Name and physical address or location of farm			
Commercial farming income (Sales/turnover, investments, interest, premiums, gains from farm assets, etc. attach schedule)			
2. Total Expenses:			
3. Subtotal (1-2)			
Commercial farming income or loss from partnerships (attach schedule)			
5. Commercial farming income from other trusts and estates (attach schedule)			
6. Net profit or loss (lines 3+4+5)			
7. Share of net profit on line 6 to which beneficiaries are entitled* (if a loss, enter nil)			
8. Amount taxable to trust or estate (line 6-line 7)			
Losses brought forward from prior years			
10. Chargeable commercial farming income (In columns (a) and (b), enter line 8-line 9. If zero or less, enter nil. In column (c), add columns (a) and (b) on this line)			

^{*}Treat non resident beneficiaries as residents for this purpose.

PART E PROPERTY INCOME & EXPENSES			
SECTION 1 - RENTAL INCOME & EXPENSES (If more than one property in either column, enter the totals here and attach a schedule showing the details for each property.)	(a) Property situated in Lesotho	(b) Property situated in a foreign country	(c) Chargeable property income
1a. Type of property (Single family residence, stand - alone house, apartment house, commercial building, land, etc.)			
1b. Physical address or location of property			
2. Gross rents			
3. Total Expenses			
4. Net rental income or loss (line 2-3).			
SECTION 2 – INVESTMENT INCOME & EXPENSES	(a) Lesotho - source income	(b) Foreign - source income	
5. Income or gains:	I		
a. Interest, dividends, and royalties			
b. Gains on the disposal of investment assets			
(attach schedule) c. Other property income (except from partnerships and other trusts and estates) (attach schedule)			
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 - CHARGEABLE PROPERTY INCOME	
8. Property income or loss from partnerships (attach schedule)	
Property income from other trusts and estates	
10. Add lines 4, 7, 8, and 9	
11. Share of net property income on line 10 to which beneficiaries are entitled* (if a loss, enter nil)	
12. Amount taxable to trust or estate (line 10-line 11)	
13. Losses brought forward from prior years	
14. Chargeable property income. In columns (a) and (b), enter line 12minus line 13. If zero or less, enter nil. In column (c), add columns (a) and (b) on this line	

^{*}Treat nonresident beneficiaries as residents for this purpose.

PART F OTHER INCOME & EXPENSES	(a) Lesotho - source income	(b) Foreign - source income
1. Other income (including net other income from partnerships, trusts, and estates) (attach schedule)		
2. Expenses (attach schedule)		
3. Net 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		
4. Share of net other income on line 3 to which beneficiaries are entitled* (if a loss, enter nil)		
5. Chargeable other income. In columns (a) and (b), enter line 3minus line 4. If zero or less, enter nil. In column (c), add columns (a) and (b) on this line		

^{*}Treat nonresident beneficiaries as residents for this purpose.

PART G CREDIT FOR FOREIGN TAX PAID ON INCOME TAXEDTO THE TRUST OR ESTATE	(a) Foreign - source net income	(b) Foreign tax paid on the amount in column (a)	(c) Lesotho tax on the amount in column (a) (see instructions)	(d) Credit allowed (enter the smaller of the amount in column (b) or column (c))
1. Foreign - source income:	'	'	•	
a. Enter in col. (a) foreign - source				
business income from Part C, line 10,				
col. (b). Then complete column (b) on				
this line				
b. Enter in col. (a) foreign - source				
commercial farming income from Part D,				
line 10, col. (b). Then complete column				
(b) on this line				
c. Add 1a + 1b. Then complete columns				
(c) and (d) on this line d. Enter in col. (a) foreign - source				
property income from Part E, line 14, col.				
(b). Then complete column (b) on				
this line				
e. Enter in col. (a) foreign -source other			-	
income from Part F, line 5, col. (b).				
Then complete column (b) on this line				
f. Add 1d + 1e. Then complete columns				
(c) and (d) on this line				
2. Credit for foreign tax paid on income	taxed to the trust of	or estate (in col. (d)	only, add	
1c+1f). Transfer this amount to Part I, line	5b			

FOREIGN TAX PAID ON INCOME TAXED TO BENEFICIARIES	(a) Foreign - source net income	(b) Fo on th colum	oreign tax paid e amount in nn (a)
1. Enter in col. (a) foreign - source business income from Part C, line 7, col. (b). Then complete column (b) on this line			
2. Enter in col. (a) foreign - source commercial farming income from Part D, line 7, col. (b). Then complete column (b) on this line			
3. Enter in col. (a) foreign - source property income from Part E, line 11, col. (b). Then complete column (b) on this line			
4. Enter in col. (a) foreign source other income from Part F, line 4, col. (b). Then complete column (b) on this line			
PART I TAX COMPUTATION			
1. Chargeable income:			
a. Enter chargeable employment income from Part A, line 3			
b. Enter chargeable pension income from Part B, line 3			
c. Enter chargeable business income from Part C, line 10, col. (c)			
d. Enter chargeable commercial farming income from Part D, line 10, col. (c)			
e. Enter chargeable property income from Part E, line 14, col. (c).			
f. Enter chargeable other income from Part F, line 5, col. (c).			
2. Total chargeable income. Add 1a+1b +1c+1d+1e+1f]	
3. Tax before credits:	(a) Chargeable income	(b) Tax rate	(c) Multiply (a) * (b)
a. Enter in col. (a) the amount on line 1d on this part and then complete column (c) on this line.		10%	
 b. If this return is for: ► An estate for the year of a resident deceased's death or the following year: Enter in col. (a) the smaller of: (i) M67,440.00 or (ii) Line 2 minusline 1d,ifthe deceased was engaged in an income - earning activity for the entire year (if not engaged in an income - earning activity for the entire year chargeable income must be apportioned). Complete column (c) on this line, and Go to line 3c Any otherestate or a trust: Skip this lineand the next line and go to line 3d 		20%	
c. If this return is for: ► An estate for the year of a resident deceased's death or the following year: Enter in col. (a) line 2 minus line 3a+3b(from col. (a)), Complete column (c) on this line, and Skip line 3dand go to line 4. ► Any other estate or a trust: Skip this lineand go to line 3d		30%	
d. If this return is for: ► An estate for the year of a resident deceased's death or the following year: Skip this line and go to line 4. ► Any otherestate or a trust: Enter in col. (a) line 2minus line 1d, Complete column (c) on this line, and Go to line 4.		40%	
4. Total tax before credits (Add 3a+3b+3c+3d in col. (c)) 5. Nonrefundable credits:			
a. Personal tax credit. If thisis: ► An estate return for the year of a resident deceased's death. multiply M 10,560 .00 by the fraction of the number of monthsin the year prior to the date of the deceased's death during which the deceasedengaged in an income-earning activity divided by 12, and enter the result(but do not enter more than the amount of tax on the			

PART H

	ole income received or accrue	d durin	g the	e yea	ır pr	ior 1	to the	9		
	he deceased's death) her estate return or atrust retu	rn ente	er ni	l						
								+		
b. Credi	t for foreign tax paid from Par	: G, line	4							
6. Total	nonrefundable credits (5a+5	b)								
7. Total	tax after nonrefundable cred	lits (line	e 4-li	ine 6)) (if	zero	or le	ess	s, enter nil)	
8. Payments(tax already paid):										
a. Incom	a. Income tax deducted from employment and pension income - PAYE (as shown on Form P.16)									
b. Income tax (WHT) paid										
c. Advance installments of income tax paid										
9. Total payments. Add 8a+8b+8c										
10. Tax due. Line 7 minus line 9. Enter nil if less than -0-										
11. Tax	overpaid. Line 9 minus line 7.	Enter r	nil if	less t	thar	า -0				
-	e claiming repayment of the		-		sh	owr	on t	thi	s line, tick this box▶□	
and atta	ch proof of banking detailsfr	om you	ır ba	ank.						
PART J -	INFORMATION ON BENEFIC	CIARIE	S							
Name of beneficiar additiona	ne of beneficiary (if more than 5 eficiaries, attach schedule and list itional beneficiaries)								Postal address	Resident beneficiary (Yes or No)
Α										

E

PART K

ALLOCATION TO BENEFICIARIES OF THEIR SHARES OF INCOME AND FOREIGN TAX PAID (Columns must correspond to the beneficiary lettering from Part J.) Caution: See instructions for special rules that apply to allocating amounts to nonresident beneficiaries.IMPORTANT: The trust or estate must provide to each beneficiary the information from the column below that applies to that specific beneficiary.

Income or loss	Total	Beneficiary A	Beneficiary B	Beneficiary C	Beneficiary D	Beneficiary E
1.Lesotho - source business income from Part C, col. (a), line 7*						
2. Foreign- source business income from Part C, col. (b), line 7						
3. Lesotho - source commercial farming income fromPart D, col. (a), line 7						
4. Foreign - source commercial farming income from Part D, col. (b), line 7						

5. Lesotho - source property income from Part E, col. (a), line 11			_			_																_		_	_
6. Foreign - source property income from Part E, col. (b), line 11											_														
7. Lesotho - source other income from Part F, col. (a), line 4																									
8. Foreign - source other income from Part F, col. (b), line 4																									
Foreign tax paid	To	otal		E	Benef	iciar	у А	Е	Benef	ficia	ry B	Bene	efici	ary (С	Ве	enef	ficia	ary	D	В	ene	fici	ary	E
9. Foreign tax paid on business income from P art H, line 1																									
10. Foreign tax paid on commercial farming income from Part H, line 2																									
11. Foreign tax paid on property income from Part H,line 3																									
12. Foreign tax paid on other income from Part H, line 4																									
*For company ber manufacturing.	ıeficiari	es, tł	he ar	mou	nt of	bus	iness	sinc	come	e mus	st be	stated	sep	arat	ely	on :	an a	atta	.che	ed so	che	∍dul	e fo	r	
Declaration of F no paid prepare	Paid Pro r.)	epare	er (E	Exte	rnal t	tax c	onsu	ulta	int/a	ccol	ıntan	t/audit	tor)	(Ski _l	p th	iis s	sec	tion	n if t	ther	re is	S			
Based on all info complete and is	rmation a full s	n of v taten	whicl nent	h I h of t	nave a the in	any k com	know e and	rled d ga	lge, I ains	dec char	lare tl geabl	nat the e to inc	info	orma ie ta	itior x fo	n giv or th	ven ie y	on ear	this enc	ret ded	turr 31	ı is Ma	cori rch	rect 202	and 23.
I understand that	t false :	state	men	ıts c	an re	sult	in pro	ose	ecutio	on ar	nd imp	ositio	n of	pen	altie	es.									
Name of paid preparer											Date montl	(day, n, year))												
Signature of paid preparer	d										TIN o	f paid rer							T						
Firm's name											Firm's				•										
Firm's TIN											physi addre														-

Email address

Contact telephone number

Firm's TIN

Declaration of Nominated C	officer										
I, the nominated officer, decl of the income and gains char the tax overpaid as shown or	are that the information given on this return is correct and complete and is a full stateme geable to income tax for the year ended 31 March 2023. If I am reclaiming repayment of a line 11 of Part E, I have ticked the box on that line.										
I understand that false stater	nents can result in prosecution and imposition of penalties.										
Signature of officer	TIN of nominated officer Date (day, month, year)										
Postal address of officer(P/B P.O Box)	ag or Postal code										
Contact telephone number	Email address										
If there has been a change o name of the previous nomina	f nominated officer during the year of assessment, show below the date of change and the ted officer.										
Date of change (day, month, officer:	year) Name of previous nominated										