FORM S128-TE



Commissioner Domestic Taxes

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Lesotho, Southern Africa

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Serving You, Serving the Nation Re Sebeletsa Uena, Re Sebeletsa Sechaba

Income Tax Return for Trusts and Estates for Year Ended 31 March 2018

DETAILS OF TRUST OR ESTATE	Tick if applicable ► □ Final red If an estate, enter date of decease						ed)	
Name of trust or estate		TIN						
If an estate, name of deceased		TIN						
Name and designation of nominated officer								
Postal address(P/Bag or P.O Box) of nominated officer	Postal co	ode						
Physical address of nominated officer (street name or chief's name)								
Village/Suburb								
District								

Caution: In Parts A through E, only report amounts allowed in computing chargeable income.

PART A EMPLOYMENT INCOME & EXPENSES (Include fringe benefits that have not been taxed, but do not include employment income earned and taxed in a foreign country)																		
1.Employment information – Attach Form P.16 for each employer (if more than three employers, attach a list with the additional information)																		
Name of employer(s)	Employer TIN(s)	Employed from					Employed until							Gross employment income				
(a)		Y	Y	Y	Y	Μ	Μ	D	D	Y	Y	Y	Y	M	Μ	D	D	
(b)		Y	Y	Y	Y	Μ	Μ	D	D	Y	Y	Y	Y	Μ	Μ	D	D	
(c)		Y	Y	Y	Y	Μ	M	D	D	Y	Y	Y	Y	Μ	Μ	D	D	
Period during the Tax Year when the Taxpayer was unemployed (if more				Μ	D	D	Y	Y	Y	Y	Μ	Μ	D	D				
than two such peri with the additional	ods, attach list	Y	Y	Y	Y	Μ	Μ	D	D	Y	Y	Y	Y	Μ	Μ	D	D	
		Y	Y	Y	Y	Μ	Μ	D	D	Y	Y	Y	Y	Μ	Μ	D	D	
	ployment income (1			-														
donations (Caution instructions for re	employment-related n: Before you comp quirements that m	lete	e th	is s	sect		ı, s ı	ee]	Ded	luc	tibl	le a	mo	un	t		
a. Travel expenses in			daa	0.00	1	:11.												
_	es to improve work kno ical and trade books ar		0						_									
· · · · · ·	enses incurred for work	•	Juii	iuio	un													
-	e. Home office expenses																	
f. Employee contribu	tions to an employer s	upe	ran	nua	tior	n fui	nd											

g. Donations paid to the Lesotho Sports and Recreation Commission	
2h. Total unreimbursed employment-related expenses and donations	
3. Chargeable employment income (1d-2h)	

PAIRT 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 Pension end date						Gross pension income										
(a)		Y	Y	Y	Y	Μ	Μ	D	D	Y	Y	Y	Y	Μ	Μ	D	D	
(b)		Y	Y	Y	Y	Μ	Μ	D	D	Y	Y	Y	Y	Μ	Μ	D	D	
Period during the T Taxpayer was not e		Y	Y	Y	Y	Μ	M	D	D	Y	Y	Y	Y	Μ	Μ	D	D	
income (if more that periods, attach list	an three such	Y	Y	Y	Y	Μ	Μ	D	D	Y	Y	Y	Y	Μ	Μ	D	D	
additional informat		Y	Y	Y	Y	Μ	Μ	D	D	Y	Y	Y	Y	Μ	Μ	D	D	
c. Total gross pensi	ion income (1a+1b)																	
2. Donations paid to the Lesotho Sports and Recreation Commission (see instructions for limits – do not include amounts deducted on line 2g in Part A)																		
3. Chargeable pens	ion income (1c-2)																	

PART C BUSINESS INCOME & EXPENSES (Do not include commercial farming, property, or other income. 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 business 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. Expenses:			
a. Cost of sales or operations			
b. General & administrative			
c. Staff/labour costs			
d. Interest expense			
e. Depreciation and amortisation			
f. Foreign exchange losses			
g. Other expenses and losses from business assets (attach schedule)			
h. Total expenses (2a+2b+2c+2d+2e+2f+2g)			
3. Subtotal (1-2h)			
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 crop or activity			
Name and physical address or location of farm			-
1. Commercial farming income (Sales/ turnover, investments, interest, premiums, gains from farm assets, etc. – attach schedule)			
2. Expenses:			
a. Cost of sales or operations			
b. General & administrative			
c. Staff/labour costs			
d. Interest expense			
e. Depreciation and amortisation			
f. Foreign exchange losses			
g. Other expenses and losses from farm assets (attach schedule)			
h. Total expenses (2a+2b+2c+2d+2e+2f+2g)			
3. Subtotal (1-2h)			
4. 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)			
9. Losses brought forward from prior years			1
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 nonresident beneficiaries as residents for this nurpose			

*Treat nonresident beneficiaries as residents for this purpose.

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. Expenses:		1	
a. Repairs & maintenance			
b. Interest expense			
c. Property insurance			
d. Utilities (electricity, water, and sewerage)			
e. Refuse disposal			
f. Security expenses			
g. Depreciation and amortisation			
h. Other expenses (attach schedule)			
i. Total expenses (3a+3b+3c+3d+3e+3f+3g+3h)			
4. Net rental income or loss (line 2-3i).			
SECTION 2 – INVESTMENT INCOME & EXPENSES	(a) Lesotho-source income	(b) 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 (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)	
9. Property income from other trusts and estates	
(attach schedule)	
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 12 minus 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 3 minus 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 TAXED TO 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 inco				
1c+1f). Transfer this amount to Part I, line	5b			

PART H FOREIGN TAX PAID ON INCOME TAXED TO BENEFICIARIES	(a) Foreign-source net income	(b) Foreign tax paid on the amount in column (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		-	
0			
10, col. (c)		4	
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		Tute	
complete column (c) on this line.		10%	
b. If this return is for:		10/0	
 An estate for the year of a resident deceased's death or the 			
following years			
 following year: Enter in col. (a) the smaller of: M58 680.00 or Line 2 minus line 1d, if the 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 as explained in the instructions). Complete column (c) on this line, and 			
(ii) Line 2 minus line 1d , if the 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 as explained in the			
instructions).			
• Complete column (c) on this line, and			
 Go to line 3c. Any other estate or a trust: Skin this line and the next line and 			
 Any other estate or a trust: Skip this line and 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 3d and go to line 4.			
		0.09/	
Any other estate or a trust: Skip this line and 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 other estate or a trust:			
• Enter in col. (a) line 2 minus 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 this is:			
► An estate return for the year of a resident deceased's death,			
multiply M_{0} and M_{0} by the function of the number of months in the user			
M6 , 960.00 by the fraction of the number of months in the year			
prior to the date of the deceased's death during which the deceased			
engaged in an income-earning activity divided by 12, and enter the			
result (but do not enter more than the amount of tax on the			
chargeable income received or accrued during the year prior to the			
date of the deceased's death)			

► Any other estate return or a trust return, enter nil		
b. Credit for foreign tax paid from Part G, line 4		
6. Total nonrefundable credits (5a+5b)		
7. Total tax after nonrefundable credits (line 4-line 6) (if zero	or less, enter nil)	
8. Payments (tax already paid):		
a. Income tax deducted from employment and pension income -		
PAYE (as shown on Form P.16)		
b. Income tax (WHT) paid as Lesotho resident contractors (attach		
tax withholding certificate)		
c. Income tax (WHT) withheld on interest income paid as Lesotho		
residents (attach tax withholding certificate or partnership		
statement)		
d. First advance installment of income tax paid		
e. Second advance installment of income tax paid		
f. Third advance installment of income tax paid		
9. Total payments. Add 8a+8b+8c+8d+8e+8f		
10. Tax due. Line 7 minus line 9. Enter nil if less than -0-		
11. Tax overpaid. Line 9 minus line 7. Enter nil if less than -0		
If you are claiming repayment of the tax overpaid as shown	on this line, tick this box \blacktriangleright	

PART J - RECONCILIATION OF BOOK INCOME (LOSS)	Year ended 31 March 2018	
TO CHARGEABLE INCOME		
1. Total profit/loss after tax per books		
2. Income tax per books	1	
3. Income subject to tax not recorded on books (attach schedule)]	
4. Expenses recorded on books but not deducted on this return (unallowable deductions):		
a. Gifts to individuals		
b. 50% of entertainment and meals		
c. Fines and penalties		
d. Insurance premiums for Lesotho risks paid to non-resident		
insurers		
e. Book depreciation in excess of tax depreciation		-
f. Other expenses not allowed for tax (attach schedule)		
g. Total expenses (4a+4b+4c+4d+4e+4f)		
5. Total (1+2+3+4g)		
6. Income recorded on books exempt from tax (do not include manufacturing income taxed at 0% on this line) (attach schedule)		
7. Deductions on this return not charged against book income:		
a. Additional 25% deduction for approved training of Lesotho citizens		
b. Tax depreciation in excess of book depreciation]
c. Other deductions not claimed on books (attach schedule)		
d. Total deductions (7a+7b+7c)		
8. Total (6+7d)		
9. Chargeable income (5-8). (Part I, line 2)		

PAR	$\mathbb{T} \mathbb{K}$ - INFORMATION ON	N B	EN	E	FI(CLA	١R	IE	S			
than sche	ne of beneficiary (if more 5 beneficiaries, attach dule and list additional ficiaries)	T	N								Postal address	Resident beneficiary (Yes or No)
Α												-
B												-
C												
D												-

part l

ALLOCATION TO BENEFICIARIES OF THEIR SHARES OF INCOME AND FOREIGN TAX PAID (Columns must correspond to the beneficiary lettering from Part K.) 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.

below that app	olies to that spe	cific beneficiar	у.			
	Total	Beneficiary A	Beneficiary B	Beneficiary C	Beneficiary D	Beneficiary E
loss						
1. Lesotho- source business						
income from						
$\frac{1100110}{10011}$						
Part C, col. (a), line 7*						
2. Foreign-						
source business						
income from						
Part C, col. (b),						
line 7						
3. Lesotho-						
source						
commercial						
farming income						
from Part 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	Total	Beneficiary A	Beneficiary B	Beneficiary C	Beneficiary D	Beneficiary E
paid		•	•	•	•	•
9. Foreign tax						
paid on business						
income from						
Part 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						1
paid on other						
income from						
Deal II 12						
For company ber	neficiaries, the an	nount of business	income must be s	stated separately o	n an attached sch	edule for

*For company beneficiaries, the amount of business income must be stated separately on an attached schedule for manufacturing.

Declaration of Paid Preparer (External tax consultant/accountant/auditor) (Skip this section if there is											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 2018.												and						
I understand that false	statements of	an result in	prosed	cutio	n a			n of	pen	alties	•							
Name of paid preparer						Date (month												
Signature of paid preparer						TIN of prepar	-											
Firm's name						Firm's												
Firm's TIN						physic addres												
Contact telephone number	· · · ·					Email addres	s											
Declaration of Nominated Officer																		
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 2018. If I am reclaiming repayment of the tax overpaid as shown on line 11 of Part E, I have ticked the box on that line.										nt he								
I understand that false	statements of	an result in	prosec	cutio	n ai	nd impo	ositio	n of	pen									
Signature of officer		TIN of nominated officer								Dat (day mot year	y, nth,							
Postal address of office	er (P/Bag or		-															
P.O Box)										Pos cod	tal e							
Contact telephone number						Email	addre	ess				•						
If there has been a char name of the previous n			during	g the	yea	ar of ass	essm	ent,	sho	w bel	ow th	e da	te of	char	nge	and	the	
-		iter.								_								
Date of change (day, month, year): Name of previous nominated officer:																		