

**INSTRUCTIONS.**

- (i) *Income Tax Return Form for taxpayer who has not filed return for any of the preceding **ten** tax years.*
- (ii) *Individual shall mention CNIC only as income tax registration **and attach copy** of CNIC*
- (iii) *AOP shall **mention NTN** instead of CNIC.*

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**Form A**  
**RETURN FOR TRADER QUALIFYING UNDER PART I OF THE**  
**SCHEDULE FOR THE TAX YEARS 2015 TO 2018**

Name of proprietor/Managing Member of AOP \_\_\_\_\_

CNIC: (please attach copy of CNIC) \_\_\_\_\_

Business (es) Name & Address(es) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Residential Address of the proprietor: \_\_\_\_\_

Name(s) and Residential address(es) of Members of AOP (if applicable) \_\_\_\_\_

(1) Amount of working capital \_\_\_\_\_

(2) Tax payable on (1) above (for tax year 2015 only) \_\_\_\_\_

(3) Total Turnover \_\_\_\_\_

(4) Tax payable on (3) above (for tax years 2016, 2017 and 2018 only) \_\_\_\_\_

(5) Amount of Tax [(2) or (4) ] \_\_\_\_\_

(6) CPR No: \_\_\_\_\_ Dated: \_\_\_\_\_

**Declaration:**

I \_\_\_\_\_ CNIC No. \_\_\_\_\_ in my capacity as **self /representative** of taxpayer named above, do hereby solemnly declare that to the best of my knowledge and belief the information given in simplified return is correct and complete in accordance with the provisions of Part I of the Ninth Schedule to Income Tax Ordinance, 2001

Signature : \_\_\_\_\_

Date : \_\_\_\_\_