

Branch Office _____

TAX DECLARATION FOR CORPORATE INCOME TAX
for period from _____ to _____

I TAXPAYER INFORMATION	
1. Taxpayer title	_____
2. TIN	
3. Address of HQ/Administration	
Street: _____	Number _____ City: _____
4. Code and title of principal activity:	
5. Number of employees:	6. Number of business units:

II CIT DATA FOR 20....		
#	Description	Amount in KM
1.	Total tax liability (# 54. + 55. + 56. TE TB)	
2.	Advance Payments paid and tax overpayments (# 57. TB)	
3.	Tax amount to be paid (red.br. 58. TB)	
4.	Refund or transfer to following period amount (# 59. TB)	

III AMOUNT OF MONTHLY Advance Payment FOR FOLLOWING PERIOD		
#	Description	Amount in KM
1.	Taxable corporate income for previous year (# 42. TB)	
2.	Transferable tax losses (# 7. Form GU-DOB)	
3.	Base (1. - 2.), when exceeding 0	
4.	Tax Calculated (3. x 10%), when 3. exceeding 0	
5.	Tax exemptions per Art. 31., 32. and 33. of the Law	
6.	Remaining calculated tax (4. - 5.), when exceeding 0	
7.	Monthly amount of Advance Payment of corporate income tax (6. : 12 months)	

CONFIRMATION OF DECLARATION RECEIPT AND ATTACHMENTS (to be filled by Tax Administration)	
IV FILED	
<input type="checkbox"/>	Tax Balance (Form TB-DOB), with list of differences
<input type="checkbox"/>	Income statement
<input type="checkbox"/>	Copy of statistical annex of annual accounting report
<input type="checkbox"/>	Decision on investment with investment plan, per years
<input type="checkbox"/>	Evidence on realized and paid investment in previous year
<input type="checkbox"/>	List of disabled employees or special requirements employees (documentation)
<input type="checkbox"/>	Tax balance and income statement of business unit in the RS and BD BiH
<input type="checkbox"/>	Evidence on corporate income tax paid outside BiH
<input type="checkbox"/>	Evidence on withholding tax paid outside BiH
<input type="checkbox"/>	List of occurred, used and unused tax losses (Form GU-DOB)
<input type="checkbox"/>	Statement of dividend/shares payer (Form IZ-DOB)
<input type="checkbox"/>	Specification of collected, earlier tax unallowable written off receivables
<input type="checkbox"/>	Statement on transfer of overpayments onto Advance Payments for future period
<input type="checkbox"/>	Request for refund of overpaid tax
Date of declaration receipt: _____ STAMP _____	
_____ Responsible person in TA	

Date of declaration filing: _____ STAMP _____ Responsible Person of Taxpayer