



SAINT LUCIA

INLAND REVENUE DEPARTMENT

Traveling Allowance Declaration

To be completed signed and stamped by the employer for **every employee** to whom a Traveling Allowance is paid and who uses his or her **personal** vehicle to undertake the duties of their job.

The Income Tax Act Cap. 15.02 makes no specific provision for a deduction for traveling. The standard deduction is granted at the discretion of the Comptroller, and in order for an employee to qualify for the deduction the Comptroller's request for information **must** be satisfied.

Please ensure that **all the details required** are provided, as your failure to do so will result in the deduction for traveling not being granted to your employee.

A. EMPLOYER INFORMATION	B. EMPLOYEE INFORMATION															
Employer's Tax Number: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Tel. No.: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	Employee's Tax Number: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>															
Name of Employer	Name of Employee															
Business Address (Location):	Date of Commencement of employment: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Last three places of employment over the last five years:															
Type of Business Conducted	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a.</td> <td style="width: 10%;">from</td> <td style="width: 10%;"><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></td> <td style="width: 5%;">to</td> <td style="width: 5%;"><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>b.</td> <td>from</td> <td><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></td> <td>to</td> <td><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>c.</td> <td>from</td> <td><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></td> <td>to</td> <td><input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></td> </tr> </table> Title of current job position: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	a.	from	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	to	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	b.	from	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	to	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	c.	from	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	to	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
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c.	from	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	to	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>												
C. BUSINESS USE																
Brief details of employer's business requiring use of employee's vehicle:	Make & Model of employee's vehicle: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Date of purchase of motor vehicle: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Registration of motor vehicle: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Cost of motor vehicle: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Cost of motor vehicle insurance: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Name in which the motor vehicle is registered: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Mileage of motor vehicle: 01/01/ <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <div style="text-align: right;">31/12/ <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></div>															
Frequency of employee's travel in pursuit of business objectives: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-Monthly <input type="radio"/> Yearly <input type="radio"/> Other Details:																
State activities/tasks undertaken when traveling on Business Time:																

Further explanation on any part:

D. CERTIFICATION

I _____ hereby certify that the information given in this Declaration is TRUE and CORRECT.

Position: _____

Signature: _____

Date _____

For further information, please contact the Department at telephone numbers:

468 4735 | 468 4730 | 468 4766