

LEMBAGA HASIL DALAM NEGERI MALAYSIA RETURN FORM OF AN INDIVIDUAL (RESIDENT WHO CARRIES ON BUSINESS)

This form is prescribed under section 152 of the Income Tax Act 1967

UNDER SECTION 77 OF THE INCOME TAX ACT 1967

Form

YEAR OF ASSESSMENT

COMPLETE THE FOLLOWING ITEMS

Name			
Identification / passport no. * : (*Delete whichever is not relevant)			
Income tax no.			
Correspondence address	:		
	Poscode	Town	
	State		

FORM **B** 2020

RESIDENT INDIVIDUAL WHO CARRIES ON BUSINESS

IMPORTANT REMINDER

- 1) Due date to furnish this form and pay tax or balance of tax payable: 30 Jun 2021
- 2) Submission through e-Filing (e-B) can be made via https://mytax.hasil.gov.my.
- 3) Failure to furnish a return on or before the due date for submission:
 - Penalty under subsection 112(3) of the Income Tax Act 1967 (ITA 1967) shall be imposed.
- 4) Failure to pay the tax or balance of tax payable on or before the due date for submission:
 - An increase in tax of 10% under subsection 103(3) of the ITA 1967 shall be imposed.
- 5) Guidelines for completing this form:
 - a) Refer to the Explanatory Notes before filling up this form.
 - b) Use Form BE if NOT carrying on any business.
 - c) Complete all relevant items in BLOCK LETTERS and use black ink pen.
- 6) Method of payment for tax or balance of tax payable:
 - a) ByrHASiL at the ByrHASiL Lembaga Hasil Dalam Negeri Malaysia (LHDNM) Portal, https://byrhasil.hasil.gov.my/.
 - Payment via FPX (Financial Process Exchange) at https://byrhasil.hasil.gov.my/fpx.php.
 - Payment via Visa, Mastercard & American Express credit cards at https://byrhasil.hasil.gov.my/creditcard/.
 - b) Appointed banks Information is available at http://www.hasil.gov.my.
 - c) Pos Pos Malaysia Berhad Counter only.

If payment is made over the bank counter or Pos Malaysia counter, write down the name, address, telephone number, income tax number, year of assessment, payment code '084' and instalment no. '99' on the reverse side of the financial instrument. Check the receipt(s) / bank payment slip(s) before leaving the payment counter.

- Pursuant to section 89 of the ITA 1967, a change of address must be notified to LHDNM within 3 months of the change. Notification can be made:
 - a) Online by using e-Kemaskini Personal Profile through MyTax. Please access via https://mytax.hasil.gov.my; or
 - b) Using Form CP600B (Change of Address Notification Form) which can be obtained at the LHDNM Official Portal, http://www.hasil.gov.my.
- 8) For further information, please contact Hasil Care Line:-03-89111000 (Local) / 603-89111100 (Overseas)

FOR OFFICE USE		

Date received 1

Date received 2



LEMBAGA HASIL DALAM NEGERI MALAYSIA RETURN FORM OF AN INDIVIDUAL (RESIDENT WHO CARRIES ON BUSINESS) UNDER SECTION 77 OF THE INCOME TAX ACT 1967

Form

YEAR OF ASSESSMENT

This form is prescribed under section 152 of the Income Tax Act 1967

				BAS	IC PA	RTICULARS	3							
1	Name (As per identification document)													
2	Income tax no.					3 Identif	ication	no.						
4	Current passport no.					5 Passp	ort no.	registe	ered with	LHDNN	1			
PAR1	ΓΔ-			PARTIC	UI ARS	S OF INDIV	ΙΟυΔι							
A1	Citizen		country cod	e	0	A2 Gend					ТТ	1 = Male		2 = Female
		(Ente	er 'MY' if Ma	laysian citizen)								1 = Single		2 = Married
A3	Date of birth			(dd/mm/yyyy)		A4 Statu	s as at	31-12-	-2020				e/widow/widowe	4 = Deceased
A5	Date of marriage / divorce / demise	T		(dd/mm/yyyy)		I	rd-keep	oing				1 = Yes		2 = No
A7	Type of assessment	1 = Joint ii 2 = Joint ii		of husband 3 = of wife 4 =		ate hose spouse	has no i	ncome,	no source	of incom	ne or has	tax exempt ir	ncome	
				5 =	= Self (Single / divord	cee / wia	low / wid	dower / de	ceased)				
PAR						OF INCO		X				T	RM	Sen
B1	Statutory income from businesses					f businesse:					B1			.00
B2	Statutory income from partnerships			B2a Nu	mber o	f partnershi	ips	Ш			B2			.00
33	Aggregate statutory income from businesses (B1 + B2) B3 .00													
B4	LESS: Business losses brought forward (Restricted to B3) B4 .00													
B5	TOTAL (B3 – B4)										B5/			.00
B6	Statutory income from employmen	t		B6a Nu	mber o	f employme	nt				B6	, ,		.00
B7	Statutory income from rents										В7			.00
B8	Statutory income from interest, disc periodical payments, other gains o									1	В8			.00
 B9	AGGREGATE INCOME (B5 + B6				3	(-)(-)				\rightarrow	B9			.00
B10	LESS: Approved investment und	······································	estor tax	incentive (Res	stricted	to B9)					B10			.00
B11	TOTAL (B9 – B10) (Enter '0' if valu	ue is negative)									B11			.00
B12	LESS: Current year business losse		B11)								B12			.00
B13	TOTAL (B11 – B12) (Enter '0' if valu	ue is negative)									B13			.00
B14	LESS: Other expenses [Qualifying p		nditure – Sc	hedule 4] (Restri	cted to E	313)					B14			.00
B15	LESS: Approved donations / gifts										B15			.00
B16	TOTAL [B13 – B14 – B15] (Enter '0										B16			.00
B17	TAXABLE PIONEER INCOME										B17			.00
B18	TOTAL INCOME [SELF] (B16 + B	17)									B18			.00
B19	TOTAL INCOME TRANSFERRED		AND / WIF	E * FOR JOIN	T ASS	ESSMENT					B19			.00
	* Type of income transferred from HUSE		,	1 = With busi	ness inc	ome								
B20	AGGREGATE OF TOTAL INCOME)	2 = Without b	usiness	income					B20			00
B21	Total relief (Amount from F20)	_ (DIO + DI3	'								B21	-		.00
B22	CHARGEABLE INCOME [(B18 –	P21 \ or / P20	P21 \ 1	(Entor '0' if value	io nogo	tivo)					B21			.00
B23	INCOME TAX COMPUTATION						al http:/	//www.h	asil aov m		DZZ			.00
	Tax on the first	TOO TO THE TAX I	V GONOGO	io providou at are	.00	omoidi i ori	ai, map.,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gov	·/	B23a			
	Tax on the balance				.00	At rate			%		B23b			
B24	TOTAL INCOME TAX (B23a + B2	23h)			.00	711101	<u> </u>		/0		B24			
B25	LESS: Total rebate - Self	7	00 - 40	sband / wife		00					DZ-T			
J_U	- Departure levy for umrah trav	rel /		<u> </u>		. 00				<u> </u>	DOF.			
	religious travel for other religions travel for other religions. (Restricted to 2 trips in a lifeting to the control of the co	ions		.00 No. of trips	1	- Zakat and	ı тıtrah 			•	B25			•
B26	TOTAL TAX CHARGED [B24 – E		f value is ne	egative)							B26			
B27	LESS: - Section 110 (others)			- Section 132 a	nd 133						B27			-
B28	TAX PAYABLE (B26 – B27)	<u> </u>				<u> </u>	1 -	J			B28			
B29	OR: TAX REPAYABLE (B27 – E	326)									B29	1		-
B30	Payment made for 2020 income –	···········	SBAND / \	WIFE for joint a	ssessr	nent						.I		
	- Monthly Tax Deductions (MTD)	T.		elf installments / (B30			Π.
B31	Balance of tax payable (B28 – B30	O) / Tax paid ir					1 -	1			B31			- -
	. , ,	, '	`	,								▲ (En	ter 'X' if tax paid i	n excess)
					ECLA	RATION								
I									ion / pass		4)			
				1 1 6					ichever is n					
nereb	y declare that the information regarding	g the income ar	nd claim foi	deductions and	a reliefs	given by me	e in this	return	iorm and	n any d	ocument _	attached is	true, correct a	na complete.
	1 = This return form is made on my	•		This return form	n is mad	e on behalf of	the indi	ividual ir	n item 1					
	3 = As an executor of the decea ** This form is not a notification				Please fu	rnish Form CF	57		^					
	(Notification of Taxpayer's							v.my.	S	gnature	;			
Date	(dd/mm/yy)	vy)												

PART	· C:					PARTICULARS	S OF HU	JSBAN	ID / WIFE						
C1	Name of husban														
	(As per identification														
C2	Identification no														
C3	Date of birth					(dd/mm/yyyy)	C4	Pas	sport no.						
PART	D:					OTHER F	PARTIC	ULARS	3						
D1	Telephone no.			Handphone	no.		D2		ress of						
D3	E-mail							busi pren	ness						
D4	Employer's no.		Е					pren	IIISC						
D5	Has financial acc	count(s) at fina	ncial			4 Van 0 Ma			D44	_	T				
	institution(s) outs					1 = Yes 2 = No			Postcod	е	Town				
D6a	Carries on e-Cor (If 'Yes', also com					1 = Yes 2 = No			State						
D6b	Website / blog a	·							1						
D7				of the bank a	nd ha	ank account no. for the	nurnos	o of ala	etronic inc	nome tay refund	4)				
D7a	Name of bank	NOTE. LINET UT	e name	OI THE DATK A	iiu be	ank account no. for the	D7b		k accoun		<u>'</u>				
D8a	Disposal of asse	t under the Re	al Pron	erty Gains			D8b			lared to LHDN					
Doa	Tax Act 1976 (If					1 = Yes 2 = No	DOD	Disp	oosai dec	ialed to Lilbiv	iivi	1 = Ye	s i	2 = No	
PART	E:					DONATIONS / GIF	TS / CC	NTRII	BUTIONS	s					
E1	Gift of money to	the Governme	nt / Sta	te Governme			10700	<u> </u>	Borron						.00
E2a	Gift of money to					<i>,</i>			Π		00)				.00
	Gift of money for										.00	4			
E2b E2c	Gift of money or	, ,									.00	Restricted to			
LZC	of national intere										.00	10% of B9	E2		.00
E2d						/ religious body / pub	olic				-00				
	university or gift					·					1.00				
E3				<u> </u>		ment or State Govern	nment								.00
E4	Gift of money for	the provision of	library	facilities or to	libra	ries						Restricted to 20),000		.00
E5	Gift of money or o	contribution in k	ind for t	he provision o	of fac	cilities in public places	for the b	oenefit (of disable	d persons					.00
E6	Gift of money / c	ost / value of g	ift of m	edical equipr	nent	to any healthcare fa	cility ap	proved	by the M	linistry of Hea	th	Restricted to 20	 2.000		.00
E7	Gift of paintings	to the National	Art Ca	llery or any s	tata	art gallery		·							
	<u>.</u>							45\	\prec	.) 					.00
E8	Total approved o	ionations / girts	s / COM	indulions [E i	10 =	7] (Transfer this amo	ount to B	15)							.00
PART	F:					REL	IEF							ı	•
F1	Individual and de	ependent relati	ves											9,000	.00
F2a	Medical treatmer	nt. special nee	ds and	carer expens	ses fo	or parents			ſ			Restricted to	1		
	(Medical condition										.00	5,000			
OR	Doronti	1	Eligib	do N-	-41.	adicializata I Ola									
FZD		dentification / passport no.	Eligib amou	<u>-</u>		= 1	nimable mount						}	F2	.00
	i. Mother		1,50				.00	Res	tricted to 1	.500 for only one	e mother	Restricted to			
	ii. Father		1,50			2	.00			,500 for only one		3,000			
					4		1.00			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>	
F3	Basic supporting	equipment for	disable	ed self, spou	se, c	hild or parent						Restricted to 6,	.000		.00
F4	Disabled individu			\mathcal{L}								6,	.000		.00
F5	Education fees (ars or do	octorate level	_ Co	urse of study in law,									
						ustrial, scientific or tec	hnology					Restricted to 7,0	000		.00
	(ii) Degree at ma	sters or doctora	ate level	I – Any course	of s	tudy									
F6a	Medical expense	s on serious d	liseases	s for self, spo	use	or child					.00				
F6b	Medical expense	s on fertility tre	eatmen	t for self or s	pous	e					.00	Restricted to 6,0	000		.00
F7	Complete medica	al examination	for self	f, spouse or o	child	(Restricted to 500)					.00	J			
F8a						e or child in respect			1	1)			
						spapers / other simila Not for business use)	r publica	tions (N	lot banne	d reading mate	rials)	Restricted to 2,	500		.00
	(iii) Purchase of sp	oorts equipment	for sport	s activity define	ed un	der the Sports Develop	ment Act	1997 ar	nd paymer	nt of gym membe	ership	7 1002 10104 10 2,1	500		.00
	(iv) Payment of m						moft or f			d and not for b		,			
F8b	Liiestyle – Purcha (Additional relief for	ise oi personal i purchases mad	compute de within	eι, sιnaπpnon the period of	ie or i 1 Jun	tablet for own use / be ne 2020 until 31 Decem	aber 2020	ioi spol 9)	use or chil	u and not for b	usiness use	Restricted to 2,	500		.00
F9	Purchase of brea	astfeeding equ	ipment	for own use	for a	child aged 2 years a						Restricted to 1,0			00
	(Deduction allowe	<u>-</u>													.00
F10						garten for a child ag	ed 6 yea	ars and	below			Restricted to 3,0	000		.00
F11	Net deposit in SI (Total deposit in 2				a/							Restricted to 8,0	000		.00
F12	Husband / wife /											Restricted to 4,0	 വവ		
			inony (o ioiiiiei wile										-	.00
F13	Disabled husban	u / wite		_				П					500		.00
F14	Child			No).)% Eligibi	lity	No.		50% Eligil	-			
F14a	Child – Under th	e age of 18 ye	ars			X 2,000 =				X 1,000 =		F14a	ì		.00
F14h	Child – 18 years	and above an	d study	ring		X 2,000 =				X 1,000 =				r	
10		a.ia above all	- oluuy	9		X 8,000 =				X 4,000 =		F14b)		.00
E114	Child Disabled	child				X 6,000 =				X 3,000 =					
F140	Child – Disabled	GIIIU				X 14,000 =				X 7,000 =		F14c	;		.00

F15 Life insurance and EPF)
(a) Pensionable public servant category – Life insurance premium	.00 Restricted to 7,000
OR (b) Other than pensionable public servant category	F15 .00
(i) Life insurance premium (Restricted	
(ii) Contribution to EPF / approved scheme (Restricted	4,000) Restricted to 7,000
F16 Private retirement scheme and deferred annuity	Restricted to 3,000 .00
F17 Education and medical insurance	Restricted to 3,000 .00
F18 Contribution to the Social Security Organization (SOCSO)	Restricted to 250 .00
F19 Payment for accommodation at premises registered with the Commissio (Payment is made on or after 1 March 2020)	er of Tourism and entrance fee to a tourist attraction Restricted to 1,000 .00
F20 Total relief [F1 to F19] (Transfer this amount to B21)	.00

PART G: INCENTIVE CLAIM

Refer to Explanatory Notes for the list of incentive claim code. Please use additional sheet separately in case of insufficient space.

G1 Claim Special Deduction(s) / Further Deduction(s) / Double Deduction(s) / Incentive(s) under paragraph 127(3)(b) of Income Tax Act 1967

Claim Code		Balance Brought Foward	Amount Claimed	Amount Absorbed	Balance Carried Forward
i.					
 ii.				. 1	

G2 Claim for incentive(s) under subsection 127(3A) of Income Tax Act 1967

	Incentive Approval No.	Balance Brought Forward	Amount Claimed	Amount Absorbed	Balance Carried Forward
i.					
ii.					

PART H:	NON-EMPLOY	ME OF PRECEDING YEARS NO	OT DECLARE	D		
	Type of Income		Year of Assessment		Amount (RM)	
H1			())			.00
H2						.00

ART J: PARTICULARS OF BUSINESS INCOME

Enter the amount without sen.

J1 Losses

LOSSES OF CURRENT YEAR OF ASSESSMENT	(including pioneer losses after tax relief period)	
(a) Current Year Of Assessment Business And Partnership Losses	(b) Amount Absorbed In The Current Year Of Assessment	(c) Balance Carried Forward (c = a - b)
		·

LOSSES OF PRIOR YEAR	RS OF ASSESSM	IENT (including pio	neer losses aft	er tax relief period)			
				Until The Year Of Year Of Assessment	Losses Absorbed The Current Yea		
Year Of Assessment In Which Loss Is Incurred	(d) Amount Of Loss Incurred	(e) Amount Disregarded [Subsection 44(5F)]	(f) Amount Absorbed	(g) Balance After Disregarded / Absorbed (g = d - e - f)	(h) Amount Disregarded [Subsection 44(5F)]	(j) Amount Absorbed	(k) Balance Carried Forward (k = g - h - j)
2018 and before							
2019							
Business capital allowances carried forward			J3	Partnership capita carried forward	al allowances		

PAR ⁻		IAI D	ARTICULARS OF INDIV	/IDIIAI	/B/I A I B	Income Tax No:			
K1	Name of business	IAL F	AKTICULAKS OF INDIV	IDUAL	- (INIAII	V BUSINESS UNLT)			
K2	Business code								
	Type of business activity								
	TRADING, PROFIT AND LOSS ACCOUNT					BALANCE SHEET			
K3	Sales or turnover			.00		FIXED ASSETS:			
	LESS:			1	K28	Land and buildings			.00
K4	Opening stock			.00	K29	Plant and machinery			.00
K5	Purchases and cost of production			.00	K30	Motor vehicles			.00
K6	Closing stock			.00	K31	Other fixed assets			.00
K7	Cost of sales (K4 + K5 – K6)			.00	K32	TOTAL FIXED ASSETS (K28 to K31)			.00
K8	GROSS PROFIT / LOSS (K3 – K7)			.00	K33	Investments			.00
		_	(Enter 'X' if negative)	1		CURRENT ASSETS:			
	OTHER INCOME :				K34	Stock			.00
K9	Other business(es)			.00	K35	Trade debtors			.00
K10	Dividends			.00	K36	Sundry debtors			.00
K11	Interest and discounts			.00	K37	Cash in hand			.00
K12	Rents, royalties and premiums			.00	K38	Cash at bank			.00
K13	Other income			.00		4	_	(Enter 'X' if negative)	
K14	TOTAL (K9 to K13)			.00	K39	Other current assets			.00
	EXPENSES:				K40	TOTAL CURRENT ASSETS (K34 to K39)			.00
K15	Loan interest			.00	K41	TOTAL ASSETS (K32 + K33 + K40)			.00
K16	Salaries and wages			.00		LIABILITIES:			
K17	Rental / lease			.00	K42	Loans and overdrafts			.00
K18	Contract and subcontracts			.00	K43	Trade creditors			.00
K19	Commissions			.00	K44	Sundry creditors			.00
K20	Bad debts			.00	K45	TOTAL LIABILITIES (K42 to K44)			.00
K21	Travelling and transport			.00		OWNER'S EQUITY:			
K22	Repairs and maintenance			.00	K46	Capital account			.00
K23	Promotion and advertisement			.00	K47	Current account balance brought forward			.00
K24	Other expenses			.00	,		A	(Enter 'X' if negative)	
K25	TOTAL EXPENDITURE (K15 to K24)			.00	K48	Current year profit / loss			.00
K26	NET PROFIT / LOSS			.00			A	(Enter 'X' if negative)	
		_	(Enter 'X' if negative)		K49	Drawings / advance (Net			.00

PART L: PARTICULARS OF TAX AGENT WHO COMPLETES THIS RETURN FORM							
L1 Name of firm		L3 Tax agent's approval no.					
		L4 Signature					
L2 Telephone no.							

.00

K50 Current account balance carried forward

.00

▲ (Enter 'X' if negative)

K27 Non-allowable expenses