

INCOME FROM INSURANCE COMMISSIONS AND OTHER SOURCES NOT SPECIFIED ABOVE

Line No.	DESCRIPTIONS	A INSURANCE COMMISSION INCOME {Kshs}										B OTHER UNCLASSIFIED INCOME {Kshs}									
8	Net Insurance Commission /other Income as per Accounts (Attach Accounts)																				
9	Chargeable income (Attach Computation)																				
10	Share of partnership commission / other income, if in another partnership. Quote P.I.N here																				
11	TOTAL CHARGEABLE COMMISSION / OTHER INCOME/LOSS DISTRIBUTABLE TO PARTNERS. (Line 9+10)																				

PART B - FURTHER DETAILS ON PARTNERS

Under the terms of section 54 of the Act you are required to furnish in a separate schedule a certificate of all payments, benefits, advantages and facilities made and/or granted to the partners in this year of income as appropriate with full names of the partners to whom the payments were made, benefits, advantages or facilities granted - as detailed below.

FULL NAME OF PARTNER TO WHOM PAYMENTS WERE MADE, BENEFITS, ADVANTAGES OR FACILITIES GRANTED	NATURE OF SERVICE FOR WHICH PAYMENTS WERE MADE AND/OR FACILITIES E.T.C GRANTED.	AMOUNT OF PAYMENT {Kshs}

PART C - BASIS OF DISTRIBUTION OF PARTNERSHIP PROFITS / LOSSES TO PARTNERS

(If there are more than 3 partners give details on separate schedule in the same format.)

PARTNER A

P.I.N		NAME	
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12. (a.) DISTRIBUTION OF:-
Business Income
Farming Income
Rent Income
Interest Income
Commissions/Other Income

1. DISTRIBUTION RATIO TO PARTNER IN PERCENTAGE

2. PARTNER'S REMUNERATION {Kshs}

3. INTEREST ON PARTNER'S CAPITAL {Kshs}

12. (a.) DISTRIBUTION OF:-
Business Income
Farming Income
Rent Income
Interest Income
Commissions/Other Income

4. SHARE OF BALANCE OF PROFIT/LOSS {Kshs}

5. VALUE OF BENEFITS & ADVANTAGES GRANTED {Kshs}

6. TOTAL PROFIT/LOSS (PARTNER A) (2+3+4+5) {Kshs}

TOTAL SHARE OF PROFIT/LOSS FROM ALL SOURCES					
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PART D - DECLARATION

We (full names in BLOCK LETTERS)
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On behalf of (Partnership Name) declare that this Return
is a full and true Return of all particulars required to be declared in this Return.

Given Under our hands this day of (month) (year) 20.....

Signature (s) of person (s) making Return	Designation	Postal Address and Code
.....
.....
.....

* This declaration shall be completed by a majority of partners one of whom shall be a partner who signed the partnership accounts.
If there are more than four partners the certificate must be signed by at least three partners.