THE TRAVEL TAX ACT
# RETURN OF AIR PASSENGER ARRIVALS, DEPARTURES, TAXES AND LEVIES
# TT01
*Please Read Note and Instructions Overleaf before completing this Return*

Jamaica

## Section A: GENERAL INFORMATION

Type of Return *(Tick appropriate box):*   ☐ Travel Tax *(Omit Section B & Box 19)*   ☐ Airline Passenger Levy *(Omit Section C & Box 20)*   ☐ Both *(Complete all Sections)*

| 1. Name of Carrier/Agent. | 2. Taxpayer Registration Number (TRN) ___ − ___ − ___ |
| | 3. Return Period    to <br> Year   Month   Day    Year   Month   Day |
| 4. Address of Carrier/Agent. | 5. Name of Airport.     6. Tick appropriate box: ☐ New Address ☐ Revised Return |

## Section B: PASSENGER ARRIVALS AND AIRLINE PASSENGER LEVY (APL) COLLECTED

| | | | |
|---|---|---|---|
| Total number of Air Passengers transported to Jamaica (Arrivals) for the period. . . . . . . . . . . . | | 7 | |
| Number of Arrival Exemptions for the period. . . . . . . . . . . . . . | 8 | | |
| Number of Arrival Omissions for the period. . . . . . . . . . . . . . . | 9 | | |
| Total number of Arrival Exemptions and Omissions for the period *(Add Lines 8 and 9)* . . . . . . . | | 10 | |
| Number of taxable Passenger Arrivals for the period *(Subtract Line 10 from Line 7)* . . . . . . . . | | 11 | |
| Total Airline Passenger Levy collected *[Line 11 x Rate (see note 1 overleaf) $_____ transfer to Line 19 (a)]* | | 12 | |

## Section C: PASSENGER DEPARTURES AND TRAVEL/DEPARTURE TAX COLLECTED

| | | | |
|---|---|---|---|
| Total number of Air Passengers transported from Jamaica (Departures) per Manifest for the period. | | 13 | |
| Number of Departure Exemptions per Manifest for the period . . . . . . | 14 | | |
| Number of Departure Omissions for the period . . . . . . . . . . . . . | 15 | | |
| Total number of Departure Exemptions and Omissions for the period *(Add Lines 14 and 15)* . . . | | 16 | |
| Number of taxable Passenger Departures for the period *(Subtract Line 16 from Line 13)* . . . . . | | 17 | |
| Total Travel/Departure Tax collected *[Line 17 x Rate (see note 1 overleaf) $_____ transfer to Line 20 (a)]* | | 18 | |

## Section D: TOTAL TRAVEL TAXES AND LEVIES PAYABLE/CREDITABLE

| | | (a) Airline Passenger Levy/ Travel Tax payable for period | (b) Balance Payable/ Creditable on account brought forward | (c) Total Balance Payable *(c) = (a) + (b)* | (d) Amount being Paid |
|---|---|---|---|---|---|
| Airline Passenger Levy . . | 19 | | | | |
| Travel Tax. . . . . . . . | 20 | | | | |

| Total being paid for this period *(Add Lines 19(d) and 20(d))* | 21 | | 22 | **OFFICIAL USE** |

## Section E: DECLARATION:

I declare that to the best of my knowledge and belief this is a true and correct statement of the information and particulars given on this form.

Receipt No:

Date of Receipt:

Port:

_____
Name of Responsible Officer for Carrier/Agent

Official Stamp

Title: _____

Cashier's Name

_____
Signature

Date: _____

Cashier's Signature     Date

TT01 (Revised 08/2012)                                                                 Jamaica Customs

# NOTE

1. For exchange rate, use Bank of Jamaica (BOJ) weighted average buying rate at month end.

# INSTRUCTIONS

This form is to be completed by all Air Passenger Carriers or their agents arriving from destinations outside of Jamaica and/or departing from any of Jamaica's airports to destinations outside of Jamaica.

Please TYPE or PRINT the required information.  Use blue or black ink pen only.

## Section A: GENERAL INFORMATION

**Box 1 :** Name of Carrier/Agent
Enter information as registered at the Companies Office of Jamaica.

**Box 2 :** Taxpayer Registration Number (TRN)
Enter number (TRN) commencing with the first box on the left.

**Box 3 :**  Return Period
Monthly Returns e.g. October 2000 enter:   2000-10-01 to 2000-10-31

**Box 4 :** Address of Carrier/Agent
Enter the address of the Registered Office in Jamaica of the Carrier/Agent

**Box 5 :** Name of Airport
Enter the name of the airport.......

**Box 6**   New Address : Please tick box if address is a New Address.

Revised Returns : Please tick box if return is a Revised Return

## Section B: PASSENGER ARRIVALS AND AIR PASSENGER LEVY (APL) COLLECT
Complete Line 7 through to Line 12 and transfer amount in Line 12 to Section D, Line 19(a).

## Section C: PASSENGER DEPARTURES AND TRAVEL TAX COLLECTED
Complete Line 13 through to Line 18 and transfer amount in Line 18 to Section D, Line 20(a).

## Section D: TOTAL TRAVEL TAXES AND LEVIES PAYABLE/CREDITABLE
Complete Line 19(a) through to Line 19(d); Line 20(a)  through to Line 20(d) and Line 21