

# Finance and Planning Department Taxation



### TAX CLEARANCE PROCEDURES

**Money Remitted Overseas** 

#### **Central Bank Requirements**

Under the Central Bank regulations, an Authorised Dealer may not give authority for certain transactions without first considering the tax clearance obligations in accordance with the Income Tax Act 1959.

Certain transactions require tax clearance where funds to be remitted on those transactions would exceed the yearly threshold of K500,000. Amounts of money exceeding K500,000 can be remitted overseas provided a tax clearance certificate (TCC) has been obtained. A TCC can be obtained from the Internal Revenue Commission (IRC).

Transactions that require a TCC include the following;

- The transfer of funds which have the nature of capital in the hands of a resident person in Papua New Guinea from whom they are being transferred, and
- b) The transfer of funds as the result of the borrowing or lending of money or the assignment of a debt; and
- c) The transfer of funds as a result of the sale, purchase (including the option to purchase), acquisition or disposition of securities, land or other property, including the transfer of shares of a Papua New Guinea register; and
- The transfer of funds being a royalty (as defined in section 4 of the Income Tax Act), license fee, management fee, charter fee or similar payment; and
- e) The transfer of funds in to a trust fund created or established in a place outside Papua New Guinea; and
- f) The transfer of funds arising from the declaration of any dividend to a person (or group of persons) who is in, or is a resident of, a place outside Papua New Guinea; and
- The transfer of funds under a court order to a person who is in, or is a resident of , a place outside Papua New Guinea; and
- h) The transfer of funds in respect of interest on borrowings to a person who is in, or is a resident of a place outside Papua New Guinea; and
- i) The transfer of funds which are not trade related involving the physical movement of goods.

#### **SIMILAR PAYMENT**

The term "similar payments" is very broad and subjective. The Internal Revenue Commission (IRC) does apply a very broad interpretation. The practise of IRC is that a TCC is required for all remittances other than for purchase of trading stock and equipment.

#### APPLYING FOR A TAX CLEARANCE CERTIFICATE (TCC)

What should you do to obtain a TCC?

- A copy of the Tax Clearance Application (TCA) is available at the end of this document or can be downloaded from the IRC website www.irc.gov.pg
- b) The TCA must be completed, signed, dated and lodged at the Tax Clearance Section of IRC located at First Floor of Bogan Gapo Haus (IRC building) in Port Moresby.
  - o Knowing your tax status, correctly completing the form and attaching all information from the start is most important in expediting the processing of your TCA and avoiding delays in processing your funds overseas.
- c) The processing time in assessing most applications, by IRC, is normally 5 to 10 working days.
  - More complex applications could take longer.
- d) The IRC will not issue you a TCC if you have any outstanding tax obligation.
- e) Under the Income Tax Act, you can make an undertaking on how and when to meet your outstanding tax liabilities with the IRC and on this basis, the IRC is able to process and issue you a TCC.
- f) The undertaking you make must be taken seriously and we recommend internal monitoring and controls are in place because the Tax Act allows IRC to order the tax-payer in breach of the undertaking to meet all tax liabilities owing to the state.
- g) After an application is approved by IRC, the tax clearance certificate is available for pick up by the taxpayer.

Note: The IRC allows taxpayers who are tax compliant to apply for yearly blanket tax clearance. This allows you to apply once a year and have cover for the whole year for your respective payments overseas. This can save you time and effort compared to applying for many individual tax clearance certificates for individual payments.

## **FORM** TCC



**Tax Clearance Certificate** Application

PNGIRC - Your Partner in Nation Building

| Taxpayer Identification Number (TIN): |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
|                                       |  |  |  |  |  |  |  |  |  |  |  |

IRC OFFICE USE ONLY

INCOME TAX ACT 1959 AS AMENDED

#### APPLICATION FOR A TAX CLEARANCE CERTIFICATE

|                 |                                       |        |  |                       | 222121111 (02 02                               |   |  |  |  |  |  |
|-----------------|---------------------------------------|--------|--|-----------------------|--|---|--|--|--|--|--|
|                 |                                       |        | NAME AN                                | D ADDRI               | ESS OF APPLICANT                               |   |  |  |  |  |  |
| NAME OF TA      | AXPAYER:                              |        |  |                       |  |   |  |  |  |  |  |
| CONTACT /       | REPRESENTA                            | TIVE:  |  |                       |  |   |  |  |  |  |  |
| PHONE No:       |                                       |        |  |                       |  |   |  |  |  |  |  |
| E-MAIL ADI      | RESS:                                 |        |  |                       |  |   |  |  |  |  |  |
| MAILING         | SECTION No                            | N No:  |  |                       | LOT No:  |   |  |  |  |  |  |
| ADDRESS         | STREET / SU                           | BURB   | / DISTRICT:                            |                       | L  | 1   |  |  |  |  |  |
|                 | P.O. BOX:                             |        |  |                       |  |   |  |  |  |  |  |
|                 | COUNTRY:                              |        |  |                       | PROVINCE:                                      |   |  |  |  |  |  |
|                 | CITY / POST                           | OFFIC  | Œ:                                     |                       |  |   |  |  |  |  |  |
|                 | CARE OF (C/                           | -):    |  |                       |  |   |  |  |  |  |  |
|                 | The schedules                         | below  |  |                       | ion for which a tax clea<br>certain countries. | rance is needed and the                                   |  |  |  |  |  |
| Schedule 1      | TYPES OF TR                           | ANSA   | CTIONS THAT                            | REQUIRE               | A TAX CLEARANCE                                |   |  |  |  |  |  |
|                 | TRA                                   |        |  |                       | E OUTSIDE PAPUA N<br>E NATURE SET OUT          |   |  |  |  |  |  |
| Transfer of cap | oital funds (e.g. s                   | avings | , etc.)                                |                       | Payments to a Trust Fur                        | nd  |  |  |  |  |  |
| Payment of loa  | ins                                   |        |  | Payments of Dividends |  |   |  |  |  |  |  |
|                 | valties (as identiate), licence fees, |        | Section 4 of the ement fees or similar |                       |  |   |  |  |  |  |  |
| C               | COLUNITON                             |        | ADDUGADUE                              |                       |  |   |  |  |  |  |  |
| •               | COUNTRY LI                            |        |  | LE (1) TC             | A THE COUNTRIES I                              | ICTED DEL OW  |  |  |  |  |  |
| a) ALL TKA      |                                       | HE TY  | PE IN SCHEDU                           |                       | THE COUNTRIES L                                |   |  |  |  |  |  |
|                 | Bahamas                               |        |  | Hong                  | •  | Netherlands Antilles                                      |  |  |  |  |  |
|                 | Bermuda                               |        |  | The Isle              |  | Norfolk Islands   |  |  |  |  |  |
| Britis          | n Channel Islan                       | ds     |  | Libe                  |  | Panama  |  |  |  |  |  |
| 5 ***           | Gibraltar                             |        |  | Liechte               |  | Switzerland   |  |  |  |  |  |
| Briti           | sh Virgin Island                      | IS     |  | Luxeml                | 3  | Tonga   |  |  |  |  |  |
|                 | Grenada                               | DE 131 | COMEDIA E (4)                          | Nau                   |  | Vanuatu   |  |  |  |  |  |
| ,               | CR OF THE TY  OANY OTHER              |        |  | EXCEED                | ING IN TOTAL K200,                             | 000 IN ANY ONE CALENDAR                                   |  |  |  |  |  |
| BELOW, THE      | N SEND THIS                           | APPLI  | CATION TO: AL, INTERNAL                | REVENU                |  | MATION REQUESTED ON PAGE 2  BOX 777, PORT MORESBY, NCD  R |  |  |  |  |  |
|                 |                                       |        |  |                       |  |   |  |  |  |  |  |

| DETAILS OF TRANSACTIONS FOR WHICH A CLEARANCE IS NEEDED   |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
|---|---------------------|------------------------------------|----------------|----------------|--------|-------|------|------|--------------|------|---------------|--------|------|----|
| NAME & ADDRESS OF NON   |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| RESIDENT TO WHOM THE  |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| PAYMENT IS TO BE MADE   | . 1                 |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| RELATIONSHIP e.g Associate company, self, relative person, i  |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| or other (please explain)   | none, etc.          |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| REASON FOR WHICH THE  |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| CLEARANCE IS REQUIRED   |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| NATURE OF TRANSACTION   | l (Please           |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| use schedule (1) as a guide)  |                     |                                    | 10             |                |        |       |      |      |              |      |               |        |      |    |
| AMOUNT FOR WHICH CLEA   | ARANCE I            | IS REQUIRED                        | K              |                |        |       |      |      |              |      |               |        |      |    |
| DATE ON WHICH PAYMENT   | T OUT OF            | PNG IS PROPOSED                    | 20             | / Δ            | SA     | P     |      |      |              |      |               |        |      |    |
| COUNTRY TO WHICH FUND   | OS ARE TO           | O BE TRANSFERRED                   |                |                |        |       |      |      |              |      |               |        |      |    |
| HAS A PREVIOUS TAX CLE.<br>REQUESTED THIS YEAR?   |                     |                                    | ☐ Yes ☐ No     |                |        |       |      |      |              |      |               |        |      |    |
| IF "YES" STATE THE DATE A<br>& IF A CLEARANCE WAS SU  |                     |                                    | a)             | Date:          |        |       |      | /    | /            |      |               |        |      |    |
| INDICATE THE NUMBERS (  |                     |                                    | b)             | Numl           | er:    |       |      |      |              |      |               |        |      |    |
| STATE TOTAL AMOUNT AL   |                     |                                    | É              |                |        |       | 30   |      |              |      |               |        |      |    |
| THIS TRANSACTION THIS Y   |                     |                                    | ′              | Amou           |        |       | K    |      |              |      |               |        |      |    |
| If additional clearances have been issued, please write the details of the most recent clearance above and list the previous clearances on a separate sheet and attach it to this form.  WHERE A BLANKET CLEARANCE IS NEEDED FOR A SERIES OF PAYMENTS COVERING A SINGLE TRANSACTIC COMPLETE THE DETAILS BELOW AND ATTACH SCHEDULES SHOWING DATES AND AMOUNTS TO BE PAID |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| ESTIMATED TOTAL TO BE I   |                     | AD ATT MET SCHEDE                  | 40<br><b>K</b> |                | ****** | G Di  | TIL. | 3711 | <i>D</i> 711 | 100  | 1115          | I O DL | TAID |    |
| ESTIMATED TOTAL ANNUA   | AL TRANS            | SFERS                              | 50<br><b>K</b> |                |        |       |      |      |              |      |               |        |      |    |
| PERIOD FOR WHICH TRANS  | SFERS AR            | RE TO BE MADE                      |                |                | /      | /     |      |      | T            | О    |               | /      | /    |    |
|   |                     | SOURCES                            | OF             | FUNI           | os     |       |      |      |              |      |               |        |      |    |
| GRATUITY OR LUMP SUM ON   | TERMINA             | TION OF EMPLOYMEN                  | Т              | 60<br><b>K</b> |        |       |      |      |              |      |               |        |      |    |
| PROCEEDS FROM SALE OF   | ASSETS              |                                    |                | 70<br><b>K</b> |        |       |      |      |              |      |               |        |      |    |
| NATURE OF ASSETS SOLD   | ( e.g. car, r       | real estate, etc.)                 |                | 80<br><b>K</b> |        |       |      |      |              |      |               |        |      |    |
| SALE OF SHARES  |                     |                                    |                | K              |        |       | 1    |      |              |      |               |        |      |    |
| NAME OF COMPANY   |                     |                                    |                |                |        |       | NO   | . OF | SHAR         | ES S | OLD           |        |      |    |
| DATE TRANSFER DOCUME<br>STAMPING  |                     | /                                  | ′              | /              |        |       |      |      | -            |      |               |        |      |    |
| DISTRIBUTION OF COMPANY RESERVES  |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| STATE TYPE (SELECT ONE)   |                     |                                    |                |                | CAP    | PITAL | RES  | SERV | ES           |      | APPR<br>OFITS | OPRIA  | TED  |    |
| SAVINGS   |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| OTHER SOURCES   |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| NAME OF BANK & BRANCH FROM WHICH FUNDS WILL BE<br>TRANSFERRED   |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
|   | PROVID              | E FULL DETAILS &                   |                |                |        |       | EV   | IDEN | ICE          |      |               |        |      |    |
|   |                     | TAX LIABILITY                      |                |                |        |       |      |      |              |      |               |        |      |    |
| YEAR OF LAST<br>RETURN LODGED   |                     | HAVE YOU DERIVED<br>OTHER THAN SAL |                |                |        |       |      |      |              |      | G) [          | Ye     | s    | No |
| IF YES, PLEASE STATE AMOU<br>RETURN OF INCOME HAS BEE<br>AMOUNT? IF NO RETURN OF I<br>PLEASE PROVIDE AN EXPLAN  | EN LODGE<br>NCOME H | D DISCLOSING THIS                  |                |                |        |       |      |      |              |      |               |        |      |    |
| SIGNAT  | URE OF F            | PUBLIC OFFICER (OR                 | DI             | ELEG/          | TED    | AU    | THC  | RIS  | ED P         | ERS  | ON)           |        |      |    |
| I declare that the information that I have provided is true and correct in every detail and discloses a full and complete statement of the facts. I understand that the law imposes heavy penalties for false and misleading statements.  |                     |                                    |                |                |        |       |      |      |              |      |               |        |      |    |
| SIGNED:   |                     |                                    |                |                |        | DA    | ATE: |      |              |      |               |        |      |    |