



Government of Saint Lucia  
Inland Revenue Department

TD FORM IT-1

INDIVIDUAL INCOME TAX RETURN

Income year 2025

Submission date 28/03/2026

SECTION 1	Identification
<b>Taxpayer Number</b> 169349	<b>Name</b> RANDOLPH SHANDEL Last First Middle
<b>Date of Birth</b> 08/12/1997	<b>Date of Death (if Taxpayer is Deceased)</b>
<b>Sex</b> <input type="radio"/> Male <input checked="" type="radio"/> Female	
<b>Maiden Name</b>	
<b>Social Security Number</b> 413535	<b>National ID Card Number</b> 248277
<b>Nationality</b> ST. LUCIAN	<b>Resident of St. Lucia</b> Yes <input checked="" type="radio"/> No <input type="radio"/>
<b>Home Address</b>	
Street MYETTE GARDENS	
City/Village MICOUD	Other City
Parish MICOUD	Post Code 000
Country ST. LUCIA	
<b>Mailing Address</b>	
Same as above <input type="checkbox"/> or <input type="checkbox"/>	
Street MICOUD P.O.	
City/Village MICOUD	Other City
Parish MICOUD	Post Code 000
Country ST. LUCIA	
<b>Email Address</b> SHANDELL2_R@HOTMAIL.COM	
<b>Phone Number</b>	7182355
Home Work Cell	
<b>Occupation</b> TEACHER	
<b>Name of Employer</b>	
<b>On December 31, 2025 You were:</b> Single <input checked="" type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/>	
<b>Date of Marriage</b>	<b>Spouse's Taxpayer Number</b>
<b>Name of Spouse</b>	
Spouse's assessable income during 2025: \$	Last First

**SECTION 2**

**Computation of Allowances and Deductions**

**Schedule A**

**Dependents and Medical Expense Allowances**

CHILDREN AND EDUCATION ALLOWANCE <span style="float: right;">Read page 18 in the guide and enter total on line 8</span>					
Last Name of Child	First Name	Date of Birth	Allowance	Child's own Income	Net Allow. for the child
			\$	\$	\$
Give name of school attended. If abroad, also give foreign address:					
			\$	\$	\$
Give name of school attended. If abroad, also give foreign address:					
			\$	\$	\$
Give name of school attended. If abroad, also give foreign address:					
			\$	\$	\$
Give name of school attended. If abroad, also give foreign address:					
			\$	\$	\$
Give name of school attended. If abroad, also give foreign address:					
			\$	\$	\$
<b>TOTAL (on this page)</b>					
					\$
<b>If additional rows are needed, add pages of type "Children and Education Allowance additional page"</b>					
Number of pages			0	TOTAL from additional pages	
					\$
<b>Total 8</b>					\$

DEPENDENT RELATIVE ALLOWANCE									
Last Name	First Name	Age	Nic#	Nature of Incapacity	Relationship to Claimant	Income of Dependent	Contribution by Others	Contribution by You	Amount Claimed
RANDOLPHE-COOPER	CLAUDIA	55	250585	UNEMPLOYED	MOTHER	\$ 0.00	0.00	\$ 5000.00	\$ 5000.00
						\$		\$	\$
						\$		\$	\$
						\$		\$	\$
<b>TOTAL (on this page)</b>									\$ 5000.00
<b>If additional rows are needed, add pages of type "Dependent Relative Allowance additional page"</b>									
Number of pages					0	TOTAL from additional pages			
									\$
<b>Total 9</b>									\$ 5000.00

DEPENDENT HOUSEKEEPER ALLOWANCE <span style="float: right;">Read page 3 in the guide and enter total on line 10</span>			
Last Name of Housekeeper	First Name	Relationship to Claimant	Amount Claimed
			\$
			\$
<b>Total 10</b>			\$

MEDICAL EXPENSE ALLOWANCE <span style="float: right;">Read page 20 in the guide and enter total on line 11</span>	
a. Either Allowance (\$400) OR	a. \$ 400.00
b. Medical Insurance AND/OR	b. \$
c. Amount spent - Other Medicals	c. \$
<b>Total 11</b>	
\$ 400.00	

**Total Dependents and Medical Expense Allowances 12** \$ 5400.00



**SECTION 3** Calculation of Net Income

100	Wages and Salary from Public Sector	100	\$	36420.68	
101	Wages, Salary and Benefits from Private Sector	101	\$		
102	Gross Employment Income	102	\$	36420.68	
103	Less: Age 60 and over Allowance	103	\$	0.00	
104	Net Employment Income	104	\$	36420.68	
105	Pension Income Gross \$	105	\$	0.00	
106	Gross Interest Received	106	\$		
107	Other Taxable Income (Alimony, Commissions, etc.)	107	\$		
108	Rental Income (Loss)	108	\$		
109	Business/Professional Income (Loss)	109	\$		
110	Total Income	110	\$	36420.68	
111	Less: Prior Year(s) Losses	111	\$		
112	Assessable Income	112	\$	36420.68	

**SECTION 4** Tax Calculation

120	Personal Allowance Claim	120	\$	25000.00	
113	Medical Allowance (Schedule A, Line 11)	113	\$	400.00	
114	Solar Photovoltaic Allowance (Schedule C, Line 26)	114	\$	0.00	
121	Spouse Allowance	121	\$	0.00	
122	Dependents (Schedule A, Line (8 + 9 + 10))	122	\$	5000.00	
123	Future Benefits (Schedule B, Line 15)	123	\$	3342.58	
124	Other Allowable Deductions (Schedule C, Line 25)	124	\$	1975.99	
	<b>Sub-Total (Line 121,122,123,124)(Maximum Allowed \$40,000)</b>	138	\$	10318.57	
125	Total Allowances and Deductions	125	\$	35718.57	
126	Chargeable Income	126	\$	702.11	
127	Total Income Tax on Chargeable Income	127	\$	105.32	
128	Add: Late Filing Penalty (5%)	128	\$		
129	Total	129	\$	105.32	

**Payments and Credits**

130	Double Taxation Credit and other Credits	130	\$		
132	PAYE Deductions by Employer	132	\$	973.48	
133	Prepayments or Installment Payments	133	\$		
134	Total Payments and Credits (Add lines 130, 132 and 133)	134	\$	973.48	
135	Net Tax Payable (If line 129 exceeds line 134 enter difference here)	135	\$		
136	Refundable Amount (excess of line 134 over line 129)	136	\$	868.16	

**SECTION 5** Payments

Payment is due no later than three months after the end of your income year

**Refunds**

If you are getting a Refund how do you want it paid?

150  To my bank or other deposit account.

Branch  
Account Number  
Name of Bank or other Financial Institution

151  By Cheque.

SAV  CHQ

152  To another Taxpayer's Tax Account.

Taxpayer's Number \_\_\_\_\_ Income Year \_\_\_\_\_ Income \$ \_\_\_\_\_  
Name of Account \_\_\_\_\_

**Refundable Amount** \$ 868.16