

# Airport Taxes and Fees Return

TIN (Taxpayer Identification Number) <input type="text"/> <small>Your TIN as it appears on your Notification of Airport Taxes and Fees Registration</small>	Taxpayer Name <input type="text"/> <small>Your name as it appears on your Notification of Airport Taxes and Fees Registration</small>
Period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**Please submit your Airport Taxes and Fees Information Sheet together with this Return.**

	Airport Service Charge in United States Dollar	Departure Tax in United States Dollar	Airport Development Fee in United States Dollar
<b>1</b> Chargeable Foreigners	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2</b> Chargeable Maldivians	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3</b> Foreign Infants			<input type="text"/>
<b>4</b> Maldivian Infants			<input type="text"/>
<b>5</b> Foreign Transit Passengers			<input type="text"/>
<b>6</b> Maldivian Transit Passengers			<input type="text"/>
<b>7</b> Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8</b> Amounts Collected in Excess from Passengers	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>9</b> Grand Total <i>(Sum of Boxes 7 and 8)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>10</b> Total Payable <i>(Sum of the grand totals in Box 9)</i>			<input type="text"/>
<b>11</b> Total number of passengers			<input type="text"/>

## Declaration

I declare that the information in this Return is true and correct and represents my assessment of Airport Service Charge and Airport Development Fee and Departure Tax as required under the Airport Taxes and Fees Act (Law Number 29/2016), and that I am authorised to sign this Return.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Name	Contact Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Signature & Seal
Designation		Date	

For Office Use Only			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By	Received Date	Voucher Number	Verified By