

GST Return

GENERAL GOODS AND SERVICES

Tax returns without the following details will not be accepted.

GST TIN (Taxpayer Identification Number)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your TIN as it appears on your GST Registration Certificate

Taxpayer Name

Your name as it appears on your GST Registration Certificate

Taxpayer's Contact Details

Telephone / Mobile

Email Address

Taxpayer's Mailing Address

House Name / Building Name

Level

Apartment Number

Street

Island / District

Atoll / City

Postcode

Country

Taxable Period

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To

Please complete the table overleaf before filling in the rest of this page.

Rufiyaa

(rounded off to the nearest Rufiyaa)

1 Sales of supplies subject to GST at 6% (*inclusive of GST*)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2 Sales of zero-rated supplies

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3 Sales of exempt supplies

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4 Sales of supplies which are out of scope of GST

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5 Total sales (*Sum of Boxes 1 to 4*)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6 Output tax

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7 Input tax (*Please attach the Statement of Input Tax*)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8 Other adjustments (*Please request for approval before writing an amount in this box*)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9 GST LIABILITY FOR THE PERIOD (*Box 6 minus Box 7 plus/minus Box 8*)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10 Amount being paid

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If the amounts in Boxes 9 and 10 are different, please provide an explanation below.

Declaration

I declare that the information in this Return is true and correct and represents my assessment as required under the Goods and Services Tax Act (Law Number 10/2011), and that I am authorised to sign this Return. I further declare that I have no objection to MIRA updating the taxpayer's contact details and mailing address as specified above. I understand that MIRA will contact me if there are any issues with this Return.

Title First Name

Other Names

Contact Number

Designation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

Signature & Seal

For Office Use Only

Received By

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Received Date

Voucher Number

Verified By

