

Remittance Tax Return

Remittance Tax TIN (Taxpayer Identification Number) <input type="text"/> <small>Your TIN as it appears on your Remittance Tax Registration Certificate</small>	Taxpayer Name <input type="text"/> <small>Your name as it appears on your Remittance Tax Registration Certificate</small>																
Taxable Period <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <small>From</small>	D	D	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <small>To</small>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										

Please submit your Remittance Tax Information Sheet together with this Return.

	Rufiyaa <small>(rounded off to the nearest Rufiyaa)</small>
1 Total amount subject to Remittance Tax (exclusive of tax)	<input type="text"/>
2 Remittance Tax payable (Box 1 multiplied by 0.03)	<input type="text"/>
3 Remittance Tax collected in excess	<input type="text"/>
4 Total payable (Box 2 plus Box 3)	<input type="text"/>
5 Number of transactions subject to Remittance Tax	<input type="text"/>

Declaration

I declare that the information in this Return is true and correct and represents my assessment for Remittance Tax as required under the Employment Act (Law Number 2/2008), and that I am authorised to sign this Return.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
<small>Title</small>	<small>First Name</small>	<small>Other Names</small>	<small>Contact Number</small>									
<input type="text"/>			<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>
D	D	M	M	Y	Y	Y	Y					
<small>Designation</small>			<small>Date</small>	<small>Signature & Seal</small>								

For Office Use Only											
<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y				
<small>Received By</small>	<small>Received Date</small>	<small>Voucher Number</small>	<small>Verified By</small>								