

QUARTERLY VALUE ADDED TAX RETURN

Tax Department

TAXPAYER DETAILS

Taxpayer Name:

VAT Registration No:

Tax Period (Year):

Quarter:

Q1

Q2

Q3

Q4

Registered Address:

PART A: SALES & OUTPUTS (OUTPUT VAT)

Transaction Type	Gross Amount (Excl. VAT)	VAT Amount Collected
1. Standard Rated Sales		
2. Zero-Rated Sales		
3. Exempt Sales		
4. Other Adjustments		
5. Total Output Tax (Sum of lines 1 & 4)		

PART B: PURCHASES & INPUTS (INPUT VAT)

Transaction Type	Gross Amount (Excl. VAT)	VAT Amount Deductible
6. Standard Rated Domestic Purchases		
7. Imports of Goods / Services		
8. Capital Goods / Assets purchased		
9. Other Adjustments		
10. Total Input Tax (Sum of lines 6, 7, 8 & 9)		

PART C: NET VAT CALCULATION

11. Net VAT Payable (Line 5 minus Line 10, if positive)	
12. Net VAT Refundable (Line 10 minus Line 5, if positive)	

DECLARATION & SIGNATURE

I hereby declare that the information provided in this return is true, correct, and complete to the best of my knowledge and belief, and that I am authorized to sign this return.

Authorized Signature:

Name of Signatory:

Date:

Designation / Capacity:
