

VALUE ADDED TAX (VAT) RETURN

Tax Department

TAXPAYER / BUSINESS NAME

ADDRESS

TAX REGISTRATION NUMBER (TRN)

PERIOD FROM

PERIOD TO

1. OUTPUTS (SALES AND SUPPLIES)

Details of Sales and All Other Outputs	Box	Value (Excl. VAT)	VAT Amount
Standard Rated Supplies	1		
Zero-Rated Supplies	2		
Exempt Supplies	3		
Reverse Charge Supplies Received	4		
Total Outputs (Sum of Boxes 1 to 4)	5		

2. INPUTS (PURCHASES AND EXPENSES)

Details of Purchases and All Other Inputs	Box	Value (Excl. VAT)	VAT Amount
Standard Rated Purchases (Subject to VAT)	6		
Imports Subject to VAT (Paid or Deferred)	7		
Total Inputs (Sum of Boxes 6 & 7)	8		

3. NET VAT CALCULATION

Description	Box	Amount
Total VAT on Outputs (From Box 5, VAT Column)	9	
Total VAT on Inputs (From Box 8, VAT Column)	10	

Description	Box	Amount
Net VAT Payable or Reclaimable (Box 9 minus Box 10)	11	

Declaration: I declare that the information given in this return is true, correct, and complete to the best of my knowledge and belief.

NAME OF AUTHORIZED SIGNATORY

SIGNATURE

DATE
