

CORPORATE VALUE ADDED TAX RETURN

Tax Period: _____

1. Corporate Taxpayer Identification Details

Company Name: _____

TIN: _____

Registered Address: _____

Email Address: _____

Contact Number: _____

Return Type: ☐ Original ☐ Amended

2. Output Tax (Sales and Supplies)

Transaction Details	Standard Value (Excl. VAT)	VAT Rate	Output VAT Due
Standard Rated Supplies		15%	
Zero-Rated Supplies		0%	0.00
Exempt Supplies		Exempt	0.00
Other Adjustments / Deemed Supplies			
Total Output Tax (A)			

3. Input Tax (Purchases and Imports)

Transaction Details	Standard Value (Excl. VAT)	VAT Rate	Input VAT Deductible
Standard Rated Domestic Purchases		15%	
Importation of Goods / Services		15%	
Capital Assets Purchases		15%	
VAT Carry Forward from Previous Period			
Total Deductible Input Tax (B)			

4. Tax Calculation and Reconciliation

Net VAT Payable (If A is greater than B: A - B)	
Net VAT Credit / Refundable (If B is greater than A: B - A)	
Penalties / Interest (if applicable)	
Total Amount Payable / (Refund Claimable)	

5. Declaration and Authorization

I hereby declare that the information provided in this return is, to the best of my knowledge and belief, true, correct, and complete in accordance with the Value Added Tax legislation and regulations.

Authorized Representative Name & Title

Signature

Date (DD/MM/YYYY)