

SALES TAX RECEIPT

Tax Administration Authority

Receipt No:

Date:

Tax Period:

TAXPAYER INFORMATION

Taxpayer Name:

Tax Registration ID:

Address:

Contact Email/Phone:

PAYMENT DETAILS

Payment Method:

Reference / Check No:

Payment Date:

Received By:

**Subtotal Tax
Amount:**

Interest / Penalty:

Total Tax Paid:

TAXPAYER SIGNATURE

AUTHORIZED OFFICER STAMP & SIGN