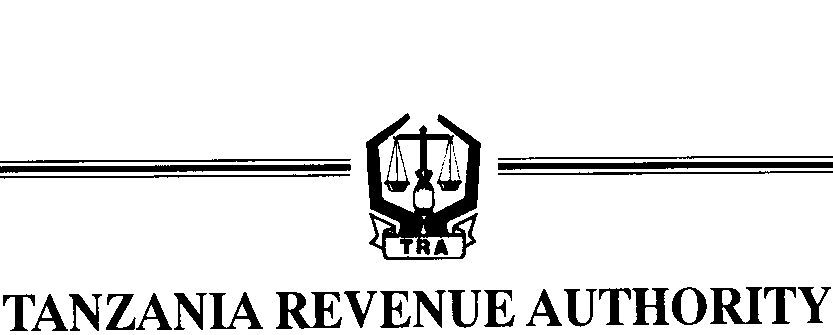
ITX 241.02.B - VAT monthly return **declaration of details**



*(Under Regulation 20(3))*

**VALUE ADDED TAX / KODI YA ONGEZEKO LA THAMANI**

**DECLARATION OF DETAILS RELATING TO PURCHASES TAX INVOICES AND SALES DOCUMENTS/TAARIFA YA MAELEZO YAHUSUYO ANKARA ZA KODI ZA MANUNUZI NA HATI ZA MAUZO**

**NOTE:** This form must be completed in duplicate and submitted to the TRA Office with the VAT Return. Attach separate sheet where this space is not enough.

**TANBIHI**: Fomu hii ijazwe katika nakala mbili na kuwasilishwa Ofisi ya TRA ikiambatishwa na ritani ya Kodi ya Ongezeko la Thamani. Ambatanisha karatasi nyngine iwapo hii haitoshi.

Name of Business/ Jina la Biashara…………………………………………………………………………………………………………………………….

**VAT Registration Number/**

**NambayaUsajiliwaKodiyaOngezeko la thamani**

**TIN/**

**NambariyaUsajiliwaMlipaKodi**

1. DETAILS OF TAX INVOICES FOR PURCHASES FROM ALL TAXABLE PERSONS / MAELEZO YA ANKARA ZA MANUNUZI KUTOKA KWA WAFANYABIASHARA WOTE WALIOSAJILIWA KUTOZA KODI

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S/N | Supplier’s VAT No/  Na. ya VAT ya Muuzaji | Supplier’s Name /  Jina la Muuzaji | Tax Invoice No./ Na ya Ankara | Date of Invoice/  Tarehe ya Ankara | Description of Goods or Services/  Aina ya Bidhaa au huduma | Amount exclusive  of VAT/  Thamanibila kuhusisha Kodi | VAT amount/  Kiasi cha kodi |
|
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

* 1. DETAILS OF TAX INVOICES, CASH SALES OR RECEIPTS ISSUED DURING THE PERIOD COVERED BY THE VAT RETURN

/ MAELEZO KUHUSU ANKARA ZA KODI NA STAKABADHI ZILIZOTUMIKA KATIKA KIPINDI KINACHOHUSIANA NA

RITANI YA KODI

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N | DOCUMENT/HATI | FROM NUMBER/ KUANZIA NAMBA | TO NUMBER/ HADI NAMBA | REMARKS/MAONI |
| (i) |  |  |  |  |
| (ii) |  |  |  |  |
| (iii) |  |  |  |  |

3. DECLARATION/ TAMKO

I hereby certify that the information given on this form is true and complete/Nathibitisha kuwa taaarifa niliyotoa kwenye fomu hii ni sahihi na ukweli.

…………………………………………. …………………………………………… …………………..............

NAME/JINA SIGNATURE/SAINI DATE/TAREHE