Revenue Collection Division

V.A.T. RETURN FOR GOODS SOLD IN SATISFACTION OF DEBT

G

PERSON SELLING THE GOODS

Name:

T.I.N.:

Address :

Return for the month of: (MMYY)

Start

End

Tel. No.:

Fax. No.:

PERSON WHOSE GOODS ARE BEING SOLD

Name:

T.I.N.:

Address :

Show TIN of person whose goods were sold only if that person is registered for VAT

SCHEDULE

Day	Month	Year	Description of Goods	Quantity	Selling Price (VIP)
			Total amount from any attached schedules		
				TOTAL SALES	$
				VAT PAYABLE	$

DECLARATION

I, *declare that the particulars in this return are true and correct.*

Signature :

Capacity of Signatory :

Date:

(Please indicate whether Proprietor, Partner, Director etc.)

OFFICE USE ONLY

Stamp Here

DATA ENTRY :

ASSESSOR :

CHECKER :

Amount Received $

BATCH NO. :

RETURN NO. :