

KINONDONI MUNICIPAL COUNCIL

(HalmashauriyamanispaayaKinondoni)

Tel(Simu): 2170173
Fax(Nukushi): 2172606

Email: md@kinondonimc.go.tz
Website: www.kinondonimc.go.tz



MUNICIPAL DIRECTOR
KINONDONI MUNICIPAL COUNCIL
P. O. BOX 31902
DAR ES SALAAM

Date(Tarehe):.....

CITY SERVICE LEAVY DECLARATION FORM

(Hati ya kukiri madai ya ushuru wa Huduma za jiji)

Legal Framework
(Sheria)

Service Levy is a local Tax levied on Corporate and Non Corporate entites. The levy is charged at a rate of 0.3% of turnover net of Value added Tax (18%). The levy is charged under the Laws of the United Republic of Tanzania : Local Government Finance act Cap 290 of 2002

Taxpayer Details(TaarifazaMlipakodi):

Name of Tax Payer :
(Jina la mlipakodi)

Business Name:
(Jina la Biashara)

Contact Person:
(OfisaMahusiano)

Taxpayer Contacts Details:(AnuaniyaMlipakodi)

Postal Address P. O, Box:

(Sanduku la Barua).....

Ward

(Kata).....

Street

(Mtaa).....

Telephone No:

Nambaya Simu.....

Mobile Number

NambayaKiganjani.....

Email:

(Barua pepe).....

Fax..... Alternative Contacts.....

Business Details: (TaarifazaBiashara)

Tax Identification Number:

(Namba ya Mlipa kodi).....

VAT Registration Number:

(Namba ya VAT).....

Certificate of Incorporation Number:

(Namba ya Cheti cha kuandikisha kampuni):.....

BusinessLicence Number:.

NambayaLeseniyaBiashara:.....

Date and place of Issuing

Tarehe naMahali ilipotolewa:.....

Business Type:

AinayaBiashara :

Turnover information's:

(Taarifazamapato)

Arrears details:

(Taarifa za Madeni:)

SN	Period (Month) (Mwezi)	Gross Turnover (Mapato)	VAT (Kodi ya ongezeko la Thamani)	Net Turnover	Service Levy 0.3% (Ushuru wa huduma 0.3%)
1					
2					
3					

Current Turnover

(Taarifayamapatoyasasa)

Kindly narrate the company turnover here under:

(Tafadhali orodhesha mapato ya miezi husika)

SN	Period (Month) (Mwezi)	Gross sale (Mapato)	VAT (Kodi ya ongezeko la Thamani)	Net Turnover	Service Levy 0.3% (Ushuru wa huduma 0.3%)
1					
2					
3					

*I/ we declare that the above information is correct to best of my knowledge/our knowledge
(Ninathibitisha/Tunathibitishakwambayoteyaliyoelezwahapajuuniyakwelikamani juavyo/Tuju
avyo*

NAME:
(Jina)

SIGNATURE & OFFICIAL STAMP
(Saini naMuhuri)

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FOR OFFICIAL USE ONLY

(Kwa matumizi ya ofisi tu)

Name of Assessing Officer (Jina la Afisa aliyekagua)	
Designation (Cheo)	

NOTE: Attach VAT returns form for the reported period (Ambatanishataarifazaongezeko la thamanzilizowasilishwa TRA)

I have assessed the financial statements of the Company and I am Satisfied / not satisfied with the reported turnover amount. (Nimekagua hesabu za mapato ya kampuni hii na kuridhika/Kutoridhika)

Assesment Date (Tarehe ya ukaguzi)	
Signature (saini)	

If not satisfied give explanation (Kama hukuridhika toa maelezo)

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NOTE: Attach VAT returns form for the reported period (Ambatanishataarifazaongezeko la thamanizilizowasilishwa TRA)