



Swaziland Revenue Authority

VALUE ADDED TAX (VAT) RETURN

P.O. Box 5628
 MBABANE
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 Fax: +268 2406-4001
 E-mail: Info@sra.org.sz
 Website: www.sra.org.sz

1.0. DETAILS OF TAXABLE PERSON AND TAX PERIOD

Tax period covered by this return		to	
Full name of registered entity (Please include legal trade name)			
Tax Identification Number (TIN)		-	
Postal Address			Postal Code
Physical Address			
Contact details(Indicate preferred contact details)			
Telephone number	Cellular number		E-mail address

Have your registration details changed since your first registration or last return? YES NO
 (If YES please attach a letter describing the changes)

2.0. OUTPUTS (Sales etc)

	TOTAL AMOUNT	Applicable Rate	OUTPUT TAX
1. Exempt Supplies	E		
2. Zero-rated Supplies	E		
3. Standard-rated Supplies (exclusive of VAT)	E	X 14%	A E
4. TOTAL Supplies (sum of 1+2+3)	E		

3.0. INPUTS (Purchases, imports etc)

	TOTAL AMOUNT	Applicable Rate	INPUT TAX
1. Exempt supplies received (including imports)	E		
2. Zero-rated domestic supplies received	E		
3. Supplies from unregistered businesses	E		
4. Standard-rated domestic supplies received	E	X 14%	B E
5. Standard-rated imports (on which VAT has been paid or deferred)	E	X 14%	C E
6. Zero-rated imports	E		
7. TOTAL Supplies/imports received (sum of 1 to 6)	E		

3.1. Determination of VAT payable/refundable

3.1.1. Total input tax	B+C	E
3.1.2. VAT payable/refundable	A-(B+C)	E
3.1.3. Deduct credit carried forward	D	E
3.1.4. VAT payable/refundable after credit	A-(B+C+D)	E

4.0. OTHER IMPORTANT INFORMATION

4.1. Please state location of records upon which these figures are based

4.2. Would you prefer your VAT refund, if any, to be carried forward to set off future liability? YES NO

DECLARATION

I,, declare that the information in this return is true and complete.

Full name of declarant	Signature	Date
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