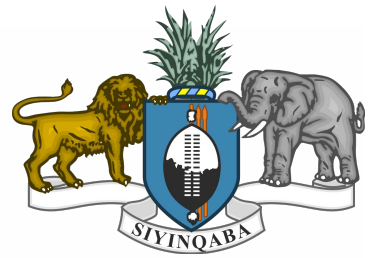




CD-19

Eswatini Revenue Authority

COVID-19 RELIEF APPLICATION FORM



P.O. Box 5628, Mbabane, Eswatini

Tel: (+268) 2406 4000

Fax: (+268) 2406 4001

E-mail: info@sra.org.sz

Website: www.sra.org.sz

Date

Name of taxpayer

TIN

Cellphone number*

* Public officer or contact person

I hereby apply for a tax relief in terms of the COVID-19 GUIDELINES- SMEs 90 Million Emalangenzi Relief. I certify that I comply with the qualifying criteria for the afore-mentioned Relief as indicated below:

a. Turnover of 8 Million Emalangenzi or less for 2019 submissions

Yes No

b. **Submission of returns**

The following returns must have been submitted by the due dates:

- Income tax – All returns due up to December 2019
- VAT – All returns due up to the last period for returns
- PAYE – All returns due up to the last period for returns
- PAYE Reconciliations have been submitted on time and are up to date
- Excise returns are up to date and have been submitted on time

NOTE: Filing extension - Only late submissions with pre-approved filing extensions will be considered as on time.

c. **Payment**

- Taxpayers should be up to date with payments for all tax types
- Taxpayers on debt arrangements – Only arrangements for debts emanating from audits will be considered on condition arrangements have been honoured as at the 1st April 2020.

d. **Supporting Documents**

- Proof that employees have been paid in full or at least half pay for the months claimed, i.e. payroll schedules for January 2020 and every subsequent month to the date at which the application for relief is made.
- Sales schedules which clearly illustrate the impact of COVID-19.

NOTE: All submitted evidence may be subjected to an audit.

For official use only

Compliance Check

Recommendation: *Approved* *Declined*

Approved by *Date approved/declined*

Signature:

Supervisor's Authorization

Authorised by: *Date authorised*

Signature

Approval comments

Supervisor comments

Refunds Processing

Recommendation: *Approved* *Declined*

Date of Approval/Decline *Month*

Amount Authorised: *Approved by*

Signature

Manager's Authorization

Authorised by: *Date authorised*

Signature