ITX247.02.E Application For VAT Deferment



# VALUE ADDED TAX

**APPLICATION FOR VAT DEFERMENT /MAOMBI YA KUAHIRISHA MALIPO YA KODI YA ONGEZEKO LA THAMANI.**

(U*nder Regulation 4(2))*

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| 1. Taxpayer Identification Number (TIN) / Namba ya Utambulisho 2. VAT registration number / Namba ya usajili wa VAT 3. F ull name of business /Jina kamili la biashara 4. Trading name (if different from 1 above) 5. Postal Address/ Anuani ya Posta: P. O. Box / S.L.P 6. Postal City / Jina la MjiPhysical Address/ Anuani ya Sehemu ya Biashara: 7. Plot number/ Namba ya kiwanja 8. Block number/ Namba ya Kitalu 9. Street or Location/ Jina la mtaa au Eneo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. District or Town/ Wilaya au Mji:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_11. Region or City / Mkoa au JijiContact Numbers/ Namba za mawasiliano:12. Phone number/ Namba ya Simu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 13. Second Phone / Simu ya Pili \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_14. Third Phone / Simu ya Tatu 15. Fax number/ Namba ya Faksi 16. Anuani ya E-mail17. Taxpayer Category/ Aina ya Mlipakodi: Government Agency/ [ ]  Club/ [ ]  Cooperative Society or Association/ [ ]  Partnership/ [ ] Serikali Chama Ushirika UbiaLimited Company/ [ ]  Parastatal/ [ ]  Sole Proprietor/ [ ]  Other/ [ ] Kampuni yenye dhima ya kikomo Shirika la Umma Binafsi Nyingine18. Description of business Activity(s) 19. Trading commenced(or will commence) Day/ Siku Month/ Mwezi Year/ 20. Value of the estimated taxable turnover (Tshs) ( at least 90% be taxable)21. Description of Capital goods imported22. Value of capital goods imported 23. Amount of Tax Deferred**DECLARATION**24. I ………………………………… ( FULL NAME OF APPLICANT), DO HEREBY declare that the goods are for use in the business specified under this application and shall not be disposed of in any manner or form, and I further declare that all the particulars given above are true to the best of my knowledge.25. Signed 26. Position (State: Partner, Director, etc.) 5. Date: / /**FOR OFFICIAL USE ONLY**24 **Remarks by the Proper Officer:**.................................................................................................................................................................................................................................................................................................................................................................................................................................................................... ................................................................ Signature of the **Proper Officer** APPROVAL BY Commissioner for Customs and Excise 25 Date of receipt  |
| *TO BE FILLED IN QUADRUPLICATES*  |