TANZANIA REVENUE AUTHORITY

SKILLS AND DEVELOPMENT LEVY

MONTHLY RETURN

YEAR:    

TO:

EMPLOYER’S INFORMATION

TIN:    

Name of employer:

Postal Address:
P.O. Box    Postal City

Physical Address:
Plot Number    Block Number

Street/Location.

I forward herewith SDL Return for the month of ……………………20…………………………

<table>
<thead>
<tr>
<th>EMOLUMENTS</th>
<th>AMOUNT/TZS</th>
<th>EMOLUMENTS</th>
<th>AMOUNT/TZS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic pay</td>
<td></td>
<td>Gratuity</td>
<td></td>
</tr>
<tr>
<td>Leave pay</td>
<td></td>
<td>Subsistence Allowance *)</td>
<td></td>
</tr>
<tr>
<td>Sick pay</td>
<td></td>
<td>Traveling Allowance *)</td>
<td></td>
</tr>
<tr>
<td>Payment in Lieu of leave</td>
<td></td>
<td>Entertainment Allowance *)</td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td></td>
<td>Any other Allowance *)</td>
<td></td>
</tr>
<tr>
<td>Commission</td>
<td></td>
<td>Housing Allowance</td>
<td></td>
</tr>
<tr>
<td>Bonus</td>
<td></td>
<td>Subtotal B</td>
<td></td>
</tr>
<tr>
<td>Subtotal A</td>
<td></td>
<td>Grand Total (A+B)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Whereof SDL at 4.5%</td>
<td>amounts to</td>
</tr>
</tbody>
</table>

Payment made at the Bank Branch ……………………………………………………………………………………………..

Through Payment Slip/Deposit Slip …………………… dated……………………………………………………………….

Signature: ……………………………………………. Date: ……………………………

Rubber Stamp:

ITX219.01.E - SDL Monthly Return

Page 1 of 2
NOTES

1. This Return to be submitted within 7 days after the end of the month to which it refers.

2. The Return is in respect of gross emoluments paid by an employer to his employees during a month.

3. State in TZS only rounding up to the next higher unit where applicable.

4. Employees includes any person engaged by any one employer for part-time or temporary employment or casual employment which is not regular and lasts for a period of less than one month emoluments for which are calculated on an hourly or daily basis.

5. *) If authority to exclude these allowances has been obtained from the Commissioner, please enclose the original copy of such authority.

6. Any other allowances includes fuel allowances, hardship allowances, lunch allowances, meal coupons, overtime allowances, responsibility allowances, risk/hazard allowances, transport allowances etc.

7. If NO PAYMENT is made, state “NIL”. Do not leave the space blank or place a dash (-) therein.