CED:PR15.F12

## MINISTRY OF FINANCE

INCOME \& SALES TAX DEPARTMENT

وزارة المــلية
دائرة ضريبة الاخل والمبيعات


| Calculation of the due tax, refund, and credit brought forward for the next period |  | Dinar | Fils |
| :---: | :---: | :---: | :---: |
| 14. | Enter if tax of boxes $(06+11+13)-(01+02+03+12)$ is positive, payable amount. |  |  |

15. Enter if tax of boxes $(06+11+13)-(01+02+03+12)$ is negative, fill in boxes from (16-18).
16. Would you like to claim back GST paid on exports, if any?
$\square$ Yes: Fill in the requested refund amount in accordance with Manufacturing formulas.
$\square$ No : Enter nil.
17. Would you like to claim the general tax held over for more than 2 month ?
$\square$ Yes: Please consider How to Fill in Tax Declaration Guide
$\square$ No: Enter nil.
18. To calculate the credit brought forward the next period use the equation 15 (16+17)
19. In case of having special tax paid on inputs used for producing other standardrated exported items, which you want to claim back, calculate the requested refund amount according to the Manufacturing formulas and enter the amount in this box.

| Sequence of sales invoices | From | To | From | To |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  | If space is insufficient, please attach a separate sheet of numbers sequence. |  |  |  |


| Data related to domestic <br> purchase invoices <br> containing the highest tax <br> amount paid during the <br> melevant tax period. | Seller tax No. | Invoice No. | Invoice date | Amount |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | 1. |  |  |  | Tax |
|  | 3. |  |  |  |  |
|  | 4. |  |  |  |  |
|  | 5. |  |  |  |  |
|  | 6. |  |  |  |  |
|  | 7. |  |  |  |  |
| 8. |  |  |  |  |  |
|  | 9. |  |  |  |  |
|  | 10. |  |  |  |  |


| Sales information form for the parties mentioned in Article 21-22 of the GST Law No. (6) of 1994 and its amendments |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Sequence | Beneficiary Name | Name of Mission | Card No. | Tax No. | Purchases Value | Purchases Details |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Certified accountant name:- |  | License No. |  |  |  |  |
|  |  |  |  |  |  |  |
| I hereby declare under accountability that the information included in this Declaration is true. |  |  |  |  |  |  |
| Name |  |  |  | Signature |  |  |
| Position |  |  |  | Date |  |  |



