

MINISTRY OF FINANCE
INCOME & SALES TAX DEPARTMENT



وزارة المالية
دائرة ضريبة الدخل والمبيعات

SST Declaration

Type of Declaration Regular Amended

Name of Registrant										
Phone No.		Fax No.		Tax No.						
				Mobile No.						
Postal Address		P.O.Box		Governorate		Tax Period	From		To	
		Zip Code		Country		Due Date	From		To	
Taxpayer IBAN										
E-mail Address		Please read the guide on (How to Fill in Tax Declaration) and write clearly and legibly.								

No.	Statement	Value		SST Amount	
		Dinar	Fils	Dinar	Fils
01	Credit carried forward from previous period				
02	Domestic purchases subject to special tax				
03	Imports subject to special tax				
04	Tax-exempt purchases and imports				
05	Domestic sales subject to special tax				
06	Domestic sales to entities subject to zero rate				
	Domestic sales of goods and services subject to zero rate				
07	Exported Sales				
08	Domestic tax-exempt sales				
09	Nondeductible tax (related to exempted sales)				
10	Adjustment for the registered person				
11	Adjustment for the tax department				

Calculation of the due tax, refund, and credit brought forward for the next period		Dinar	Fils
12	Enter if tax of boxes (05+09+11) - (01+02+03+10) is positive, payable amount		
13	Enter if tax of boxes (05+09+11) - (01+02+03+10) is negative, then fill in boxes (14-15).		
14	Would you like to claim back SST paid on exports, if any? <input type="checkbox"/> Yes: Fill in the requested refund amount in accordance with Manufacturing formulas. <input type="checkbox"/> No : Enter nil.		
15	To work out the credit brought forward the next period use the equation (13-14)		

Item	Production Units	Tax Rate	Credit carried forward from previous period	Production Quantity	Sales Quantity			Credit carried forward for next period
					domestic	exempt	exported	

Sequence of sales invoices	From	To	From	To

If space is insufficient, please attach a separate sheet.

Details of the domestic purchase invoices containing the highest tax amount paid during the relevant tax period.		SST No. of the supplier	Invoice No.	Invoice date	Value	Tax amount
	01					
	02					
	03					
	04					
	05					
	06					
	07					
	08					
	09					
	10					

Name of the Certified Accountant:		LicenseNo.	
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I hereby declare under accountability that the information contained in this Declaration is accurate and true.			
Name		Signature	
Position		Date	
Remarks:	Registrant stamp		