

Airport Taxes and Fees Return

TIN (Taxpayer Identification Number) <input type="text"/>	Taxpayer Name <input type="text"/>
<small>Your TIN as it appears on your Notification of Airport Taxes and Fees Registration</small>	<small>Your name as it appears on your Notification of Airport Taxes and Fees Registration</small>
Period From <input type="text"/>	To <input type="text"/>

Please submit your Airport Taxes and Fees Information Sheet together with this Return.

	Departure Tax in United States Dollar	Airport Development Fee in United States Dollar
1 Chargeable foreigners	<input type="text"/>	<input type="text"/>
2 Chargeable Maldivians	<input type="text"/>	<input type="text"/>
3 Foreign infants		<input type="text"/>
4 Maldivian infants		<input type="text"/>
5 Foreign transit passengers		<input type="text"/>
6 Maldivian transit passengers		<input type="text"/>
7 Total	<input type="text"/>	<input type="text"/>
8 Amounts collected in excess and not refunded to passengers	<input type="text"/>	<input type="text"/>
9 Amounts refunded to passengers <i>(The amount declared in this Box must be an amount that has previously been declared in Box 8 and paid to MIRA)</i>	<input type="text"/>	<input type="text"/>
10 Grand total <i>(Sum of Boxes 7 and 8 minus Box 9)</i>	<input type="text"/>	<input type="text"/>
11 Total payable <i>(Sum of grand totals in Box 10)</i>		<input type="text"/>
12 Total number of passengers		<input type="text"/>

IMPORTANT

It is an offence to declare false information or fail to include required information in tax returns. The Tax Administration Act imposes severe penalties for such offences.

Declaration

I declare that the information in this Return is true and correct and represents my assessment of Airport Development Fee and Departure Tax as required under the Airport Taxes and Fees Act, and that I have all necessary documentation to support the claims I have made in this return. I further declare that I am authorised to sign this Return.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	Date	Signature

For Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By	Received Date	Voucher Number	Verified By