

# Green Tax Return

Green Tax TIN (Taxpayer Identification Number) <input type="text"/> <small>Your TIN as it appears on your Green Tax Registration Certificate</small>	Taxpayer Name <input type="text"/> <small>Your name as it appears on your Green Tax Registration Certificate</small>																																
Name of the Tourist Resort, Hotel, Vessel or Guesthouse <input type="text"/>	Taxable Period <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td colspan="8"><small>From</small></td> <td colspan="8"><small>To</small></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	<small>From</small>								<small>To</small>							
D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y																		
<small>From</small>								<small>To</small>																									

**Please submit your Green Tax Information Sheet together with this Return.**

	Number of Days	Green Tax in United States Dollar <small>(rounded off to the nearest Dollar)</small>
<b>1</b> Persons subject to Green Tax	<input type="text"/>	<input type="text"/>
<b>2</b> Maldivians	<input type="text"/>	
<b>3</b> Persons not subject to Green Tax (other than Maldivians)	<input type="text"/>	
<b>4</b> Green Tax collected in excess		<input type="text"/>
<b>5</b> Tax payable <i>(Sum of Boxes 1 and 4)</i>		<input type="text"/>
<b>6</b> Number of stay over guests from previous month	<input type="text"/>	
<b>7</b> Number of stay over guests to next month	<input type="text"/>	

### Declaration

I declare that the information in this Return is true and correct and represents my assessment for Green Tax as required under the Maldives Tourism Act (Law Number 2/99), and that I am authorised to sign this Return.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Title</small>	<small>First Name</small>	<small>Other Names</small>	<small>Contact Number</small>	
<input type="text"/>			<input type="text"/>	
<small>Designation</small>			<small>Date</small>	<small>Signature &amp; Seal</small>

<b>For Office Use Only</b>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Received By</small>	<small>Received Date</small>	<small>Voucher Number</small>	<small>Verified By</small>	