

# GST Return

## GENERAL GOODS AND SERVICES

**Tax returns without the following details will not be accepted.**

GST TIN (Taxpayer Identification Number)

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Your TIN as it appears on your GST Registration Certificate

Taxpayer Name

Your name as it appears on your GST Registration Certificate

Taxpayer's Contact Details

Telephone / Mobile

Email Address

Taxpayer's Mailing Address

House Name / Building Name

Level

Apartment Number

Street

Island / District

Atoll / City

Postcode

Country

Taxable Period

D	D	M	M	Y	Y	Y	Y
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From

D	D	M	M	Y	Y	Y	Y
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To

**Please complete the table overleaf before filling in the rest of this page.**

**Rufiyaa**

(rounded off to the nearest Rufiyaa)

- 1 Sales of supplies subject to GST at 6% (*inclusive of GST*)
- 2 Sales of zero-rated supplies
- 3 Sales of exempt supplies
- 4 Sales of supplies which are out of scope of GST
- 5 Total sales (*Sum of Boxes 1 to 4*)
- 6 Output tax
- 7 Input tax (*Please attach the Statement of Input Tax*)
- 8 Amount of GST in respect of irrecoverable debts written off
- 9 **GST LIABILITY FOR THE PERIOD** (*Box 6 minus Box 7 minus Box 8*)


- 10 Amount being paid

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*If the amounts in Boxes 9 and 10 are different, please provide an explanation below.*

### Declaration

I declare that the information in this Return is true and correct and represents my assessment as required under the Goods and Services Tax Act (Law Number 10/2011), and that I am authorised to sign this Return. I further declare that I have no objection to MIRA updating the taxpayer's contact details and mailing address as specified above. I understand that MIRA will contact me if there are any issues with this Return.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Title	First Name	Other Names	Contact Number									
<input type="text"/>			<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> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>
D	D	M	M	Y	Y	Y	Y					
Designation			Date	Signature & Seal								

### For Office Use Only

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D	D	M	M	Y	Y	Y	Y				
Received By	Received Date	Voucher Number	Verified By								

1 Taxable Activity Number	2 Name of Taxable Activity	3 Sales of supplies subject to GST at 6%	4 Sales of zero-rated supplies	5 Sales of exempt supplies	6 Sales of supplies which are out of scope of GST	7 Output Tax	8 Input Tax
<b>TOTAL</b>							

 **1**     
  **2**     
  **3**     
  **4**     
  **6**     
  **7**

Transfer to **1**     
 Transfer to **2**     
 Transfer to **3**     
 Transfer to **4**     
 Transfer to **6**     
 Transfer to **7**

<sup>1</sup> Taxable activity number, as it appears on the GST Registration Certificate

<sup>2</sup> Name of the taxable activity, as it appears on the GST Registration Certificate

<sup>3</sup> Revenue from the sale of supplies subject to GST at 6% (inclusive of GST)

<sup>4</sup> Revenue from the sale of zero-rated supplies

<sup>5</sup> Revenue from the sale of supplies exempted from GST

<sup>6</sup> Revenue from the sale of goods stated in Section 3(b) of the GST Act or from other transactions which are out of scope of the GST Act

<sup>7</sup> Box 3 multiplied by  $\frac{6}{106}$

<sup>8</sup> Input tax relating to each taxable activity. If you are unable to relate an input tax invoice to a particular taxable activity, apportion such input tax to the relevant taxable activities using a reasonable ratio.