



# Capital Gains Withholding Tax Return INCOME TAX

- If you are required to withhold tax under Section 50-1 of the Income Tax Act, you must file this return and make the tax payment by the deadline specified in Section 50-1(b) of that Act.
- Fill in the information of the withholding agent in the box below. If you do not have a TIN, you must submit a copy of your passport / national identification card / registration certificate together with this return.

|  |  |                                  |  |  |  |  |  |                                  |  |                               |  |  |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
|--|--|----------------------------------|--|--|--|--|--|----------------------------------|--|-------------------------------|--|--|--|--|---------------------------------|--|--|-----------------------|--|--|--|--|--|--|--|
| TIN (Tax Identification Number)<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |                                  |  |  |  | Date covered by this Return<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |                                  |  |                               |  |  |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| <small>Your TIN as it appears on your Notification of Income Tax Registration</small>  |  |                                  |  |  |  |  |  |                                  |  |                               |  | <small>Specify the date covered by this return, in DD/MM/YYYY format</small> |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| Full Name<br><input type="text"/>  |  |                                  |  |  |  |  |  |                                  |  |                               |  | Country of Tax Residence<br><input type="text"/>                             |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| Passport Number / Maldivian NIC Number / Registration Number<br><input type="text"/>   |  |                                  |  |  |  |  |  |                                  |  |                               |  |  |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| Type   |  |                                  |  |  |  |  |  |                                  |  |                               |  |  |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| <input type="checkbox"/> Individual  |  | <input type="checkbox"/> Company |  | <input type="checkbox"/> Re-registered Foreign Company |  | <input type="checkbox"/> Partnership   |  | <input type="checkbox"/> Trust   |  | <input type="checkbox"/> Bank |  | <input type="checkbox"/> Others  |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| <small>Tick the type applicable to you. If you tick "others", please specify here the type → <input type="text"/></small>  |  |                                  |  |  |  |  |  |                                  |  |                               |  |  |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| Mailing Address  |  |                                  |  |  |  |  |  |                                  |  |                               |  |  |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| <input type="text"/>   |  |                                  |  |  |  |  |  |                                  |  |                               |  | <input type="text"/>   |  |  | <input type="text"/>            |  |  | <input type="text"/>  |  |  |  |  |  |  |  |
| <small>House Name / Building Name</small>  |  |                                  |  |  |  |  |  |                                  |  |                               |  | <small>Level</small>   |  |  | <small>Apartment Number</small> |  |  | <small>Street</small> |  |  |  |  |  |  |  |
| <input type="text"/>   |  |                                  |  |  |  |  |  |                                  |  |                               |  | <input type="text"/>   |  |  | <input type="text"/>            |  |  | <input type="text"/>  |  |  |  |  |  |  |  |
| <small>Country</small>   |  |                                  |  | <small>Atoll / City</small>                            |  |  |  | <small>Island / District</small> |  |                               |  | <small>Postcode</small>  |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| <input type="text"/>   |  |                                  |  | <input type="text"/>                                   |  |  |  | <input type="text"/>             |  |                               |  | <input type="text"/>   |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| Contact Details  |  |                                  |  |  |  |  |  |                                  |  |                               |  |  |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| <input type="text"/>   |  |                                  |  |  |  |  |  |                                  |  |                               |  | <input type="text"/>   |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |
| <small>Telephone / Mobile</small>  |  |                                  |  |  |  |  |  |                                  |  |                               |  | <small>Email Address</small>   |  |  |                                 |  |  |                       |  |  |  |  |  |  |  |

Please complete page 2 before filling in this page.

## SUMMARY OF THE TAX WITHHELD

- Total amount from which tax is required to be withheld under section 50-1 of the Act
- Total amount of tax withheld
- Amount being paid

Rufiyaa  
(rounded off to two decimals)

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If the amounts in Boxes 2 and 3 are different, please provide an explanation below.

## Declaration

I declare that the information in this return is true and correct and represents the amount of tax required to be deducted by me under Section 50-1 of the Income Tax Act (Law Number 25/2019), and that I am authorised to sign this return.

|                            |                           |                            |                      |                               |                      |                      |  |                      |                      |  |                                     |  |  |  |
|----------------------------|---------------------------|----------------------------|----------------------|-------------------------------|----------------------|----------------------|--|----------------------|----------------------|--|-------------------------------------|--|--|--|
| <input type="text"/>       | <input type="text"/>      | <input type="text"/>       | <input type="text"/> | <input type="text"/>          | <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"/>       |                           |                            |                      |                               |                      |                      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |                      |  |                                     |  |  |  |
| <small>Designation</small> |                           |                            |                      |                               |                      |                      | <small>Date</small>  |                      |                      |  | <small>Signature &amp; Seal</small> |  |  |  |

### For Office Use Only

|                            |   |                               |                            |
|----------------------------|---|-------------------------------|----------------------------|
| <input type="text"/>       | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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> |

Transactions made on the date covered by this return that are subject to capital gains withholding tax under Section 50-1 of the Income Tax Act.

| No.          | Name and address of payee | Brief description of the transaction | Amount from which tax is required to be withheld (in transaction currency) |        | Amount from which tax is required to be withheld (MVR) | Amount of tax withheld (MVR) |
|--------------|---------------------------|--------------------------------------|--|--------|--|------------------------------|
|              |                           |                                      | Currency   | Amount |  |                              |
|              |                           |                                      |  |        |  |                              |
|              |                           |                                      |  |        |  |                              |
|              |                           |                                      |  |        |  |                              |
|              |                           |                                      |  |        |  |                              |
|              |                           |                                      |  |        |  |                              |
|              |                           |                                      |  |        |  |                              |
|              |                           |                                      |  |        |  |                              |
|              |                           |                                      |  |        |  |                              |
|              |                           |                                      |  |        |  |                              |
|              |                           |                                      |  |        |  |                              |
| <b>TOTAL</b> |                           |                                      |  |        |  |                              |

 **Transfer to 1**     
  **Transfer to 2**

Please use additional copies of this page if necessary.