

UBUNGO MUNICIPAL COUNCIL

ALL CORRESPONDENCES TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 0222-96341

Fax: 0222-926342

md@ubungomc.go.tz



**MUNICIPAL DIRECTOR
UBUNGO MUNICIPAL COUNCIL
P. O. BOX 55068
DAR ES SALAAM**

Date:.....

NAME OF TAXPAYER	
TYPE OF BUSINESS	
POSTAL ADDRESS	
WARD	
SUBWARD	
TIN:	
PHONE NO:	
e- mail:	

In accordance with section 6 of principal Act, Amendment of the Local Government Finance Act (Cap290) of the year 2012 “ all monies derived from the service Levy payable by corporate entities or any person conducting business with business license at the rate not exceeding 0.3 percent of the turnover net of the value added tax and excise duty: Provided that, the branches of corporate entities shall pay services levy to the urban authorities in whose areas of jurisdiction they are located”

SERVICE LEVY- SELF ASSESMENT FORM.

YEAR	MONTH	ACTUAL TURNOVER	ESTIMATED TURNOVER	0.3%	1.5% (penalty)	TIME DELAY MONTH(S)	AMOUNT PAYABLE
TOTAL							

Declaration:

I the undersigned declare that the particulars in this form are true and correct to the best of my knowledge.

Name:.....

Signature:..... **OFFICIAL STAMP:**

Date.....

FOR OFFICIAL USE:

Name of Assessing Officer:

Designation:

Signature:.....

OFFICIAL STAMP:

COMMENTS:.....

.....

NOTE:THIS FORM SHOULD BE ATTACHED WITH VAT RETURNS, MONTHLY SALES LEDGER /SALES JOURNAL, Z- REPORT, OR AUDITED FINANCIAL REPORTS/INCOME STATEMENT(S)