



Skills and Development Levy. Monthly Return

Note: This return is submitted under the provisions of Section 14 of the Vocational Education and Training Act, Cap 82 and Section 57 of the Tax Administration Act, Cap 438.

You are hereby required to submit the return and make payment within 7 days after the end of the month to which it refers.

Document Reference Number : 20251001884301044027807

Part 1 – General Information

1) Name of Taxpayer:		Tax Office		Temeke	
VIN MART LIMITED		2) Taxpayer Identification Number:		3) Year of Income:	
		100-188-430		2025	
4) Trading Name, If different		5) Period Covered by the return			
		MONTH: OCTOBER		YEAR: 2025	
6) Nature of Business	Cargo handling		7) Residential Status *		RESIDENT
8) Postal Address	70077		b) Postal Town		DAR ES SALAAM
9) Business Physical Address	a) Street/Location (Street/Ward/District)		b) Plot No.		2318
	GHANA AVENUE		c) Block No.		108
			d) House No.		
10) Contact Numbers	a) Land Line Number	b) Mobile Number		c) Fax Number	
	255 22 2127998 255 22 2110932	255 787 905811 255 784 789805		255 784 789804	
11) Email Address	chirag.vml@gmail.com				
12) Due Date for Submission of the Return			07 November 2025		

Part 2 - Details of Payments Made to Employees

S/N	Nature of employment	Number of Employees	Basic Salary/ Emoluments	Other Allowances	Gross payments	Exemption	Amounts to be subjects to SDL	SDL Payable
1	Permanent	128	139,925,000.00	0.00	139,925,000.00	0.00	139,925,000.00	4,897,375.00
2	Temporary or Casual labourers	0	0.00	0.00	0.00	0.00	0.00	0.00
3	Total	128	139,925,000.00	0.00	139,925,000.00	0.00	139,925,000.00	4,897,375.00

Part 3 – Declaration

I hereby declare that the information given on this return and any accompanying documents is complete and accurate to the best of my knowledge and belief. I understand that giving false information in the return or concealing any part of the income or tax payable can lead to prosecution.

TIN OF DECLARANT : 121-860-732

NAME OF DECLARANT : RASHMITKUMAR BHUOENDRAKUMAR LATHIGARA

DATE SUBMITTED : 04 November 2025 02:40:27 PM

SIGNATURE :

A handwritten signature in black ink, appearing to read 'Rathigara', written over a horizontal line.



REVENUE RECEIPT

TAXPAYER NAME	VIN MART LIMITED
BANK REFERENCE	GWX101825024143
RECEIPT DATE	04/11/2025
CONTROL NO	9984124402090
TIN	100188430
RECEIPT NO	GWX101825024143
GePG RECEIPT NO	925308380002507
AMOUNT	TZS 4,897,375.00

TOATAL AMOUNT	CONTROL NUMBER	GATEWAY REF NO	HOST REF NO	TRANSACTION DATE
TZS4,897,375.00	9984124402090	GWX101825024143	206UTLP253080083	04 Nov 2025

GEPG PAYMENTS

Bill control number	Service Provider Name	Payer Name	Payment Plan	Bill Expiry Date	Amount Paid	Bill amount
9984124402090	TRA-Commissioner for Domestic Revenue	VIN MART LIMITED	1	2035-11-04T14:43:06	TZS4897375	TZS4897375.00

**Tax Payment Slip**

Name of Account Holder(s): VIN MART LTD
 Bank Account Number: 20610009034
 Name of Commercial Bank: NMB LTD
 Mobile Phone: 0787905811

Please transfer from my/our account the amount of TZS 4,897,375.00

Amount in Words: Four Million Eight Hundred Ninety Seven Thousand Three Hundred Seventy Five Only

Value Date: 04/11/2025

To: N/A

Tanzania Revenue Authority

Account Number: N/A

SWIFT Code: N/A

Control Number: 9984124402090

Taxpayer TIN: 100188430

Taxpayer Name: VIN MART LIMITED

TAX INFORMATION FOR WHICH PAYMENT IS APPLICABLE (For TRA use only)

#	Tax Description	Item Reference	GFS Code	Tax Amount(TZS)
1	Payroll/Skills and Development Levy	763723237	11201101	4,897,375.00

Signature Date...../...../20.....

Signature..... Date...../...../20.....

Bank use only
Reference number

Note to Commercial Bank:

1. Please capture the above information correctly.
2. Field 70 of MT103 carries a payment control number, must be captured correctly.



DOMESTIC REVENUE DEPARTMENT
Notice of Self Assessment for SDL

TIN: 100-188-430 **Year of Income:** 2025

TAXPAYER NAME: VIN MART LIMITED **Month:** OCTOBER

BLOCK NO : 108 **Tax Type:** Skills and Development Levy

P.O.BOX : 70077 **Assessment No.** SD433041984

POSTAL TOWN : Dar es Salaam, Tanzania **Date of Issue:** 04 November 2025

RE: NOTICE OF SELF ASSESSMENT FOR SDL FOR THE MONTH OF OCTOBER, 2025

With reference to the provision of Section 14 of the Vocational Education and Training Act, Cap 82 and Section 57 of the Tax Administration Act, Cap 438, based on your submitted Skills and Development Levy return with reference number 20251001884301044027807 the total principal tax liability for the month of OCTOBER amounts to Tzs. 4,897,375.00 and penalty for late filing amounts to Tzs. as depicted in the table below;

Payment details :

Tax Debit Number	GFS Codes	Amount	Due date for payment	Type
763723237	11201101	4,897,375.00	07 November 2025	PRINCIPAL

Please quote the above Tax Debit Number when registering payments using Tax Bank or SWIFT/TISS.

In case you are aggrieved with this assessment you may object by filing notice of Objection to the Commissioner General within 30 days from the date of service of the assessment in accordance with the provision of section 51 of the Tax Administration Act, 2015 read together with its Regulations.

"Together We Build Our Nation"

MASAU C. MALIMA
Regional Manager
Temeke Tax Region

P.O.BOX-45941 Dar es Salaam, Tanzania ,
Tel:022-2861122,022-2861138,022-2864653
Email :rm_temeke@tra.go.tz Website:www.tra.go.tz



ACKNOWLEDGEMENT RECEIPT

Taxpayer Name: VIN MART LIMITED
Taxpayer TIN: 100-188-430
Filed by: RASHMITKUMAR BHUOENDRAKUMAR LATHIGARA
Declarant TIN: 121-860-732
Return Type: Skills and Development Levy
Period : OCTOBER 2025
Submitted on: 04 November 2025 02:40:27 PM

ACKNOWLEDGEMENT OF RECEIPT

Thank you for using e-filing services.

Tanzania Revenue Authority (TRA) hereby acknowledge that on 04 November 2025 02:40:27 PM received your document and assigned an e-document number 20251001884301044027807 as per Regulation 72 of the Tax Administration (General) Regulations, 2016. Please quote this number in communication regarding this particular document.

"Together We Build Our Nation"

MASAU C. MALIMA
Regional Manager
Temeke Tax Region

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