

# DAR ES SALAAM CITY COUNCIL

ALL COMMUNICATIONS TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR



BOX NO. 20950  
TEL. NO. 2128800  
2128805  
FAX NO. 2121486

## SERVICE LEVY ASSESSMENT FORM

PAYER ID. .... TIN NO. 100-188-430  
NAME OF PAYER VIN MARI LTD  
POSTAL ADDRESS Dsm MOBILE NO. 0787-636629  
STREET. Pusu Road WARD. VINHUNGU

INSTALLMENT: (.....)

### PERIOD

### TURNOVER

ACTUAL TURNOVER.....

8,24,360,465/-

ESTIMATED TURNOVER.....

ARREARS: .....

DUE: 1. Jan 2024

2. ....

3. March 2024

TOTAL TURNOVER

82,824,360,465/-

SERVICE LEVY (0.3%) .

2,473,081.40 ✓

### DECLARATION:

I hereby certify that the information given in this form is true and complete.

SIGNATURE.....

## FOR OFFICIAL USE ONLY

This form should be attached with  
VAT Returns/Z-Reports  
You should come with the previous  
Receipt and VAT Return/Z-Report  
Payment to be made every three months.  
from the beginning of the accounting date,  
to the Director Dar es salaam City Council.

### ASSESSING OFFICER

NAME: Praya N

DESIGNATION: Asst

SIGNATURE: [Signature]

DATE: 28/03/24

### NOTE:

- This form should be attached with VAT Returns/Z-Reports
- You should come with the previous Receipt and VAT Return/Z-Report
- Payment to be made every three months from the beginning of the accounting date, to the Director Ilala Municipal Council.