

# 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 MART LIMITED**  
POSTAL ADDRESS **77007** MOBILE NO. **+255 787 905 811**  
STREET **GHANA AVENUE** WARD. ....  
INSTALLMENT: (.....)

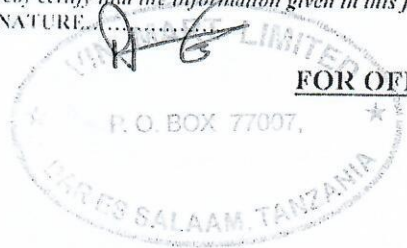
PERIOD	TURNOVER
ACTUAL TURNOVER.....	-
ESTIMATED TURNOVER.....	-
ARREARS: .....	-
DUE: 1. <b>APRIL - 2025</b>	<b>493,932,790.00</b>
2. <b>MAY - 2025</b>	<b>519,255,320.00</b>
3. <b>JUNE - 2025</b>	<b>299,821,870.00</b>
TOTAL TURNOVER	<b>1,313,009,980.00</b>
SERVICE LEVY (0.3%)	<b>3,939,029.94</b>

### 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: **MARENKE E**

DESIGNATION: **Acci**

SIGNATURE: **flut**

DATE: **30/06/2025**

### 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 Hala Municipal Council.