

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

ACTUAL TURNOVER.....

ESTIMATED TURNOVER.....

ARREARS:

DUE: 1. JULY - 2025

2. AUG - 2025

3. SEP - 2025

TOTAL TURNOVER

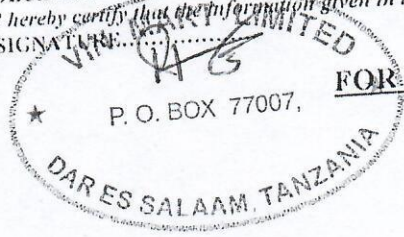
SERVICE LEVY (0.25%) (0.25%)

TURNOVER

.....
.....
.....
354,438,970.00
434,575,165.00
466,015,525.00
1,255,029,660.00
3,137,574.15

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

SIGNATURE: [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: [Signature]

DESIGNATION: [Signature]

SIGNATURE: [Signature]

DATE: 30/09/2025

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 Dar es Salaam City Council.