



Statements and Payments of Taxes Withheld for Employees

Note: This return is submitted under the provisions of Section 104 and 109 of the Income Tax Act, Cap 332.

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

Please read the instructions carefully before filling.

Document Reference Number : 20261921258710305153554274

Part 1 – General Information

1) Name of Taxpayer:		Tax Office		Ilala Tax Region	
VIN SIMBA LIMITED		2) Taxpayer Identification Number:		3) Year of Income:	
		192-125-871		YEAR: 2026	
4) Trading Name, If different		5) Period Covered by the return			
		MONTH: 02			
6) Nature of Business	Other mining and quarrying n.e.c.		7) Residential Status *	RESIDENT	
8) Postal Address	25216,		b) Postal Town	Dar es Salaam, Tanzania	
9) Business Physical Address	a) Street/Location (Street/Ward/District)		b) Plot No.		
			c) Block No.		
	Shauri Moyo/Lindi Street		d) House No.		
10) Contact Numbers	a) Land Line Number	b) Mobile Number		c) Fax Number	
		255-784789804			
11) Email Address					
12) Due Date for Submission of the Return		07 March, 2026			

Part 2 – Details of Payment of Tax Withheld for Employees

S.N	EMPLOYEE'S TIN	NAME OF EMPLOYEE	SSN	BASIC SALARY	ALLOWANCES	GROSS PAY	DEDUCTIONS	TAXABLE AMOUNT	TAX PAYABLE
1	106893098	CHIRAG TANNA KIRITKUMAR	32601492	0	0	0	0	0	0
TOTAL				0	0	0	0	0	0

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 : 05 March, 2026 15:35:55

POSITION : DECLARANT

SIGNATURE :

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