

DEPARTMENT OF CUSTOMS AND INLAND REVENUE

RENT TAXATION RETURN

As prescribed under Section II (1) and (2) of the
Rent Taxation Act No. 30 of 1986 (as amended)

FOR OFFICIAL USE ONLY	
Date Received	Tax due VT
Receipt No.	Receipt date
Verified / Satisfied / Correct.	
Signature	Name

	A
Insert your Taxpayer Number in the space provide above	
SIX MONTH CHARGEABLE PERIODS	
(1) 1st December to 31st May (Tax due by 28th June)	
(2) 1st June to 30th November (Tax due by 28th December)	

SIX MONTH CHARGEABLE PERIOD ENDING		B
TAXPAYER STATUS (Please indicate by placing a tick in the appropriate panel.)	A	NATURAL PERSON
	B	LIMITED COMPANY
	C	TRUSTEE
FAMILY NAME		D
OTHER NAME(S)		E
COMPANY NAME(S)		F
YOUR RESIDENTIAL ADDRESS OR ADDRESS OF REGISTERED OFFICE (give overseas address if applicable)		G
NAME OF AGENT		H
POSTAL ADDRESS (Box No.)		I