



ZAMBIA REVENUE AUTHORITY

Direct Taxes Division

Turnover Tax

1. Turnover Return for the Month _____ Charge Year _____

	<input type="checkbox"/> Original	<input type="checkbox"/> Amended	
	Reason for amendment		
	Attachments (if any)		1. 2.
Sr No	Description	Details	
1	Taxpayer Identification Number (TPIN)		
Taxpayer Details (Only fill in 4 to 7 if there has been any change in details under)			
2	Name of Taxpayer		
3	Postal Address	PO Box	
		Town	
		Province	
		Country	
4	Physical Address	Plot / House No	
		Street	
		Area	
		Town	
		Province	
		Country	
5	E-mail Address		
6	Telephone / Cell Number	Country Code	
		Area Code	
		Number	

Part 1: Turnover Tax Details

Sr. No	Income Code	Income Source (From the Annexure) (a)	Taxable Amount in K (b)	Tax Amount in K C=Tax Rate * b
1.	Source 1			
2.	Source 2			
3.	Source 3			
4.	Source 4			
5.	Total Turnover Tax Payable			
6.	Withholding Tax Deducted			
7.	Advance Income Tax Paid			
8.	Tax Payable/(Repayable) (5-6-7)			

Part 2: Details of Withholding Tax deducted

Sr. No.	TPIN of Withholding Agent *	Name of Withholding Agent	Type of Payment	Gross Amount	Tax Rate	Date of Payment or Accrual for the tax period	Tax Deducted	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
1								
2								
3								
4								
5								
6		Gross withholding tax deducted at source from income (1 to5)						

***Note: Please use the continuation sheet if necessary for Part 1 and 2*

DECLARATION			
I Certify that the above details in this Return are true and correct			
Full Name		Capacity	
Signature		Date	

For Official use only

Officer's Name		Receiving Office Date Stamp
Officer's Signature		
Date Received		