

REPUBLIC OF THE GAMBIA



GAMBIA REVENUE AUTHORITY

MONTHLY AIR TRAVEL TAX DECLARATION FORM

TIN			
Taxpayer name			
Trading As			
Physical Business Address			
Mailing Address			
Telephone		P. O. Box	
Return for the period (Month & Year)		Tick here for NIL return	<input type="checkbox"/>

Returns and Payments are due on or before the 15th of the following month

NB: There are automatic charges for late payment of taxes and significant penalties for wilful evasion

DECLARATION INFORMATION	Value of Tickets sold	Rate	Amount Due
Turnover (Ticket sales)		15%	

I declare that this return is a true and complete statement of all particulars required

Name of Declarant:

Signature:

Designation:

Date: / /

FOR OFFICE USE

1	Arrears B/F from previous month		
2	Add Penalty		
3	Add Interest		
4	Total Tax or Credit Claimable		
5	Overpayment B/F from previous month		
6	Net Tax payable/Credit claimable for the month		

Name of Receiving Officer

Date: / /

Signature of Receiving Officer

Name of Returns Officer

Date: / /

Signature of Returns Officer

Please contact the nearest Gambia Revenue Authority office if you need assistance in completing this form