

Section E - SCT PAYABLE / CREDITABLE		OFFICIAL USE					
SCT Payable / Creditable (Subtract Line 25 from Line 17)	26		29				
SCT Already Paid	27						
SCT Due / Creditable (Subtract Line 27 from Line 26)	28						
SCT Being Paid this Period	29						
If amount at Line 26 is negative, tick appropriate box at Line 30.	30	<input type="checkbox"/> 1) Refund <input type="checkbox"/> 2) Credit					
Section F - DECLARATION: I declare that to the best of my knowledge and belief this is a true and correct statement of the information and particulars given on this form		<div style="text-align: right; font-size: small; margin-bottom: 5px;">OFFICE CODE: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table></div>					
_____ Name of Responsible Officer	_____ Title/Position						
_____ Signature	_____ Date						

INSTRUCTIONS

COMPLETE THIS FORM ONLY IF YOU ARE A REGISTERED TAXPAYER (MANUFACTURER) FILING RETURNS FOR TAX ON PRESCRIBED GOODS. e.g. alcoholic beverages, tobacco products etc.

Please TYPE or PRINT the required information. Use blue or black ink pen only. Do not use a pencil. All dollar value amounts should be rounded to the nearest whole number. Complete all applicable sections in A to F.

Section A: GENERAL INFORMATION

Box 1 : Name and Address of Business

Enter information as stated on the GCT Certificate of Registration.

Box 2 : Taxpayer Registration Number (TRN)

Enter number (TRN) commencing with the first box on the left.

Box 3 : Return Period

Monthly Returns e.g. October, 2000: enter: 2000-10-01 to 2000-10-31

Bi-Monthly Returns e.g. October & November, 2000: enter: 2000-10-01 to 2000-11-30

Box 5

New Address : Please tick box if address is a New Address.

Amended Returns : Please tick box if return is an Amended Return.

Section B: SUPPLIES (Goods & Services subject to Special Consumption Tax)

Box 6 : Total Supplies made during Period

Enter total sales of revenue (exclusive of GCT) from all activities carried on during the taxable period covered by the return.

Box 7 : Export Supplies

Enter total value of exported goods and/or services.

Box 8 : Zero-Rated Supplies

Enter total value of goods and/or services, excluding exports, subject to GCT rate of 0%.

Box 9

Enter total value of Boxes 7 and 8.

Section C: OUTPUT TAX

Calculate tax on supplies (Sales) during the Return Period.

Section D: INPUT TAX / TAX CREDIT

Box 20 : Adjustments

Adjustments include bad debts, credit notes etc.

NOTE : If a refund is requested and has not been received by the time the next Return is filed, do not take a credit against the tax due.