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| **Form 105****Rev 02/2016** | **Republic of South Sudan** **Directorate of Taxation** |

**MONTHLY EXCISE TAX RETURN PER TAXATION ACT, 2009**

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| *Instructions:**This form must be completed by every excise tax payer to report the value of production and importation of goods and provision of excisable**services. Excise tax must be calculated in accordance with this form and the completed return and payment must be submitted to the**Director General of Taxation by the 15th day of the month after the month in which the liability to excise tax arose in accordance with**Section 105 of the Act.* |
| Taxpayer Name and Address: | Taxpayer Identification Number | Tax Period(Month and Year) |
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| **Part 1: Importation of Excisable Goods (Do not include vehicles in this computation)** |
| Harmonized Code Number | Quantity | Per Unit Value | Total Value | Tax Rate | Amount of Tax |
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| **Line 1. Total Federal Tax on Importation of Excisable Goods (except vehicles)** |  |
| **Part 2: Importation of Vehicles (including cars, buses, and trucks)** |
| Harmonized Code Number | Quantity | Per Unit Value | Total Value | Tax Rate | Amount of Tax |
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| **Line 2. Total Federal Tax on Importation of vehicles** |  |
| **Part 3: Production of Excisable Goods** |
| Harmonized Code Number | Quantity | Per Unit Value | Total Value | Tax Rate | Amount of Tax |
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| **Line 3. Total Federal Tax on Production of Excisable Goods** |  |
| **Part 4: Provision of Excisable Services (where place of service is unknown)** |
| Excisable Service Provided (Use this section only forprovision of air time services) | Total Value | Tax Rate | Amount of Tax |
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| Line 4. Total Federal Tax on Provision of Excisable Services (where place of service is unknown) |  |
| **Part 5: Provision of Excisable Services (where place of service is known)** |
| Excisable Service | State | Total Value | Tax Rate | Amount of Tax |
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| Line 5. Total Federal Tax on provision of Excisable Services (where place of service is known). If more space is needed to list states and services, attach a schedule with this same information.  |  |
| **Part 6. Computation of Federal Excise Tax Due** | Total Tax |
| Line 6: Total Federal Tax on Importation of Excisable Goods, except vehicles (From Line 1) |  |
| Line 7: Total Federal Tax on importation of vehicles (From Line 2) |  |
| Line 8: Total Federal Tax on Production of Excisable Goods (From Line 3)  |  |
| Line 9: Total Federal Tax on Provision of Excisable Services (place of service unknown)(From Line 4) |  |
| Line 10: Total Federal Tax on Provision of Excisable Services (place of service known)(From Line 5) |  |
| Line 11: Total amount of Federal Excise Tax Due (the sum of Lines 6 - 10) |  |
| Line 12: Total amount of Federal excise tax previously paid this month (at time of import) |  |
| Line 13: Credit available for excise tax paid on goods directly related to production |  |
| Line 14: Net amount of Federal excise tax (Line 11 minus total of Lines 12 and 13) |  |
| **Part 7: Computation of State General Excise Surcharge Due** | State Surcharge |
| Line 15: General State Surcharge Fund amount – (Sum of Lines 1, 3, 4) Multiplied by .30 (30%) |  |
| Line 16: State Surcharge on Imported vehicles (Line 2 Multiplied by .30) (30%) |  |
| Line 17: Amount of state general surcharge paid at time of import |  |
| Line 18: Net amount of General State surcharge to pay (Line 15 plus Line 16 minus Line 17) |  |
| **Part 8: Computation of State Specific Excise Surcharge Due** |  |
| Item | State | Surcharge Rate | Federal Excise Amount | Surcharge Amount |
| A) Telecommunication Services |  |  |  |  |
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| B) Air Transportation Services |  |  |  |  |
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| C) Insurance |  |  |  |  |
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| **Part 9: Payment** |
| Line 19: Net amount of Federal Excise Tax Due from Line 14  |  |
| Line 20: Net amount of General State Surcharge Amount from Line 18 – pay to General State Surcharge Fund as indicated in the Pay-in Slip – see instructions |  |
| Line 21: Specific State Excise Surcharge total from Part 8 A, B, and C – Enter total amount Compute total amount of specific state excise surcharge for each state and enter the amount for each state in the applicable box in the Pay-in Slip – see instructions |  |
| Line 22. **Total amount to pay** (add Lines 19 + 20 + 21) |  |
| *I certify that the information given in this return is correct and complete. I acknowledge and understand that the filing of this return will be deemed to be an assessment of tax and that I am liable to pay the assessed amount of tax at the time the return is submitted.* *Signed:*  *Name of person filling out form**Date: Phone # …………………….* |