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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 for  provision 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 # …………………….* | | | | | | | | | | | | | | |