

## FEDERAL DEMOCRATIC REPUBLIC OF

## ETHIOPIA MINISTRY OF REVENUE

## Schedule D Withholding Tax Declaration on

(Check only one Box) Royalties income Technical Services fee

Interest income 

Games of chance 

Dividends income

(A separate form must be filled for each type of tax)

Taxna	S.  Taxpayor's Name (Company Name or Your Name, Father's Name, Grandfather's Name)	Your Name, Father's	Ser Name, Grandfather's Name)	Section 1 - Taxpa  B. Taxpayer Iden	<ol> <li>1 - Taxpayer Information</li> <li>Taxpayer Identification Number</li> </ol>	ation		Month 6	6. Tax period	
a. Region		2b. Zone/K-ketema		4. Tax Account Number	Vumber					
c. Woreda		2d. Kebele/Farmers Association	2e. House Number	7. Telephone Number	ımber	8. Fax Number	mber			
			Section 2	2 - Tax Declaration	ration Details	ls				
		01	C) Withholds & Name		Ad	Additional Benefits			Tavable	e Ne
Seq	b) Withholdee's	(if individual, & Gi	(if individual, includes Name Father's name & Grand father's Name)	Region	Zone/K .Ketema	Woreda	Kebele/ Farmers Ass.	House Number	Amount	200
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-			and the state of t	Transf	Transfer Total from All Continuation sheets to this line	II Continuatio	n sheets to this	line		
Tak D	Tax Pate 5% on Royalties and interest 10% on Divided & Technical Service fee and 15% on contens of chance	nterest 10% on I	Tota Vivided & Technical Serv	Total column (e) & (f) (Transfer total amount on section 3 of Line 20 & 30) Service fee and 15% on contens of chance income	(Transfer total n contens of ch	amount on sea	ction 3 of Line	20 & 30)		
	Section 3 Colombati	on of Tay Due		Sect	Section 5 - Tax payer certification	er certification			Date of Payment	ıt f
	Section 5— Calculation of fax but	On or ray buc	I declar complete, I t	I declare that the above declaration and information provide here with is correct and complete. I understand that any misrepresentation is punishable under the appropriate tax Laws	tion and information representation is pu	on provide here wi mishable under th	th is correct and appropriate tax L	SWF	Receipt Number	7 -
. 10	this period	3	and penal code	de					Amount of	of
20	Total Taxable Amount (Total from Column e Above)	rom	Taxpayers or Signature	Taxpayers or Authorized Agent Name Signature	Date		(Tax	Seal (Tax payer)	Check Number	er F
30	Total Tax withheld Total		Authorized Signature	Authorized Tax Officer Name Signature	Date				Cashiers	3 3