



VT 04

Swaziland Revenue Authority

DOMESTIC TAXES DEPARTMENT

STAMP

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REVERSE CHARGE-VAT DECLARATION FORM

TIN

(Use only for reverse charge on imported services)

IMPORTER OF SERVICES

Name of Importer

Physical Address

Postal Address

Contact Number

Email

INVOICE DETAILS (Copies of all invoices listed in this section **SHOULD** be attached to this declaration)

| Invoice Date | Invoice No | Name of foreign service provider | Brief description of services supplied | Taxable value E | 14% VAT E |
|--------------|------------|----------------------------------|--|-----------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | TOTAL | | |

NB: Attach schedule in similar format where there is not enough space.

I, the undersigned, declare that the above information is true and correct. I enclose a payment of E_____ in respect of VAT payable on imported services into Swaziland.

Date

Name

Signature of Public Officer.....