ZANZIBAR REVENUE AUTHORITY

TO,
COMMISSIONER GENERAL,
ZANZIBAR REVENUE AUTHORITY,
P.O.BOX 2072,
ZANZIBAR.

APPLICATION FOR REMISSION OF INTEREST AND PENALTY OF RETURN DEBT

Z NUMBER/ZTN ……..

FULL NAME OF BUSINESS……..…

NAME OF ELIGIBLE PERSON…….

PHYSICAL PLACE OF BUSINESS……..……

MOBILE NUMBER……..…

OTHER TELEPHONE NUMBER……

EMAIL ADDRESS……..

Summary of unpaid taxes for the period of……..to……for the tax described below.

MONTH/ YEAR	TAX TYPE	PRINCIPAL TAX/FEE	PENALTY	INTEREST	TOTAL TAX/FEE DUES
		TZS/USD	TZS/USD	TZS/USD	TZS/USD
TOTAL					

DECLARATION

By eligible person, do hereby declare that this return, to the best of my knowledge and belief, is true, correct, and complete.

Applicant

Signature ……

Designation /Position ……

Date ……..

ZRA Official

Comment…..……..

Signature……..

Date ……..